

**REQUEST FOR PROPOSALS
TO FURNISH
EMS AMBULANCE BILLING SERVICES
FOR OKALOOSA COUNTY, FLORIDA**



RFP # EMS 23-14

PROPOSAL CLOSES: March 7, 2014 @ 4:00 P.M.

REQUEST FOR PROPOSAL

Notice is hereby given that the Board of County Commissioners of Okaloosa County, FL, will accept sealed proposals until **4:00 p.m.** (local time), **March 7, 2014** to **Furnish EMS Ambulance Billing Services for Okaloosa County, Florida**. Pursuant to copies of proposal provisions, proposal forms and specifications may be obtained from the Okaloosa County Purchasing Department, 602-C North Pearl Street, Crestview, FL 32536; 850-689-5960 or they may be viewed from our website at www.co.okaloosa.fl.us (Departments, Purchasing, View Current Solicitation).

At **4:00 p.m.** (local time), **March 7, 2014** the proposals will be opened and read aloud. All proposals must be in sealed envelope reflecting on the outside thereof the proposer's name and **"Proposal on Furnishing EMS Ambulance Billing Services for Okaloosa County, Florida"**. The Board of County Commissioners will consider all proposals properly submitted at its scheduled proposal opening. Proposals may be submitted to the County Purchasing Department, 602-C North Pearl Street, Crestview, FL 32536

Any proposer failing to mark outside of envelope as set forth herein may not be entitled to have their proposal considered.

All proposals should be addressed as follows:

Okaloosa County Purchasing Department
Attn: Zan Fedorak
602-C North Pearl St.
Crestview FL 32536

Zan Fedorak
Purchasing Manager

Date

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA

CHARLES K. WINDES, JR.
Chairman

I. INSTRUCTIONS TO PROPOSERS

Qualified firms are invited to submit a proposal to furnish EMS AMBULANCE BILLING SERVICES for Okaloosa County by replying to the enclosed specifications. In order for your proposal to be considered, you must fill in completely all items in this specification.

Proposals should be submitted in a sealed package clearly marked with the RFP number and due date. If more than one package is submitted, they should be mark 1 of 2 etc.

All proposals must be submitted with one (1) identified original copy plus five (5) additions copies to:

Okaloosa County Purchasing Department
Attn: Zan Fedorak
602-C North Pearl Street
Crestview, FL 32536

Proposals must be received at the above address no later than **4:00 p.m., March 7, 2014**. Late proposals will not be considered regardless of the reason.

INTERPRETATION OF SPECIFICATIONS

During the proposals period, questions of interpretation and clarification should be directed to: Okaloosa County Purchasing Department. Questions should be submitted at least seven (7) days before the due date of the RFP. It is mandatory that all questions be submitted in writing, to Okaloosa County Purchasing Department, 602-C North Pearl Street, Crestview, FL 32536, jallen@co.okaloosa.fl.us; fax 850-689-5970. Please note that no part of the proposal shall be submitted via facsimile.

Any questions answered during the proposal period, if said answer affects the essence of the proposal, will be incorporated in an addendum, which will be posted on the County purchasing website. No verbal instructions or interpretations of specifications will be made other than indicated above.

II. INFORMATION TO PROPOSERS

REQUEST FOR PROPOSAL

This Request for Proposals (RFP) provides interested vendor with sufficient information to enable them to prepare and submit proposals for consideration by Okaloosa County.

This RFP contains instructions governing the proposals to be provided, requirements which must be met for eligible consideration, general evaluation criteria, and other requirements to be met by each proposal.

The County reserves the right to accept or reject any or all proposals received as a result of this request, or to negotiate separately with competing contractors, and to waive any informalities, defects, or irregularities in any proposal.

The County reserves the right to accept the proposal of a vendor other than that of the lowest bidder.

Proposals should be simple and economical, providing a straight-forward, concise description of the vendor's ability to meet the requirements of the RFP.

To be considered, vendor must submit a complete response to this RFP using the format provided. Each proposal must be submitted in five (5) copies. Proposals must be signed by an official authorized to bind vendor to its provisions.

CONTRACTUAL CONDITIONS

For this RFP, the proposal must remain valid for at least ninety (90 days). Moreover, the contents of the proposal of this successful bidder may become contractual obligations if a contract is entered into.

The amount for the services to be rendered will be negotiated with the firm selected, and said firm will be required to enter into a formal agreement with Okaloosa County. The County reserves the right to delete or amend any of the services as listed and described in this RFP.

If a satisfactory contract cannot be negotiated, negotiations will be formally terminated. Contract negotiations will then be started with the first alternate vendor.

The content of the RFP and the successful vendor's proposal will become an integral part of the contract, but may be modified by the provisions of the contract.

The successful vendor will be required to include a disclosure statement of any potential conflicts of interest that the firm may have due to other clients, contracts, or interested associated with this project.

The selected vendor will be required to assume responsibility for all services offered in the proposal whether or not she or he provides them. Further, the County will consider the selected vendor to be the sole point of contact with regard to contractual matters. News releases pertaining to this project will not be made without prior County approval.

KNOWLEDGE OF CONDITIONS

At the time of the opening the proposals, each proposer will be presumed to have inspected any sites and to have read and to be thoroughly familiar with the specifications.

The proposer shall satisfy himself as to the nature and location of the work and general and local conditions. He or she shall gain full knowledge of working conditions and other facilities in the area which have a bearing on the performance of his or her work. Any failure by the proposer to acquaint himself/herself with all of the available information shall not relieve that proposer from any responsibility for performing all work properly. No additional compensation shall be allowed for conditions increasing the proposers cost which were not known or appreciated by that proposer when submitting the proposal.

The County may disqualify any proposal not prepared and submitted in accordance with the provision hereof. Proposers shall understand that the County will not be responsible for any errors or omissions by the proposer in the presentation of the response.

All materials submitted become the property of the County, and may be returned only at the County's option. The County has the right to use any or all ideas presented in any reply to the RFP. Selection or rejection of the proposal does not affect this RFP.

CRITERIA FOR SELECTION

All proposals received from vendors will be reviewed and evaluated by a committee of qualified personnel. This committee will recommend for selection the proposal which most closely meets the requirements of the RFP.

The following criteria will be of major importance in making the selection:

- a. QUALIFICATIONS: Ability of the vendor to satisfy requirements specified in Scope of Work including, but not limited to, firm’s qualifications/experience.
- b. TECHNICAL: Vendor’s plan for accomplishment of the task to include the qualifications of personnel assigned to the project; understanding of experience; technology and equipment.
- c. PRICE/FEES
- d. OTHER: Including responses from client references, locations, and government experience.

PROPOSER’S WARRANTY

The undersigned person warrants that:

- 1. She/he is an officer of the organization
- 2. She/he is authorized to offer a proposal in full compliance with all requirements and conditions as set forth in the RFP.
- 3. She/he has fully read and understands the RFP and has full knowledge of the scope, nature, quality of the work to be performed, and the requirements and conditions under which the work is to be performed.

PROPOSER:

BY: _____
(SIGNATURE)

(PRINT NAME AND TITLE)

(NAME OF COMPANY)

(CITY, STATE, ZIP)

(TELEPHONE NUMBER)

CONTRACT

This agreement, executed in Crestview, Florida this _____ day of _____, 2014 between the County of Okaloosa, Florida, the Owner, hereinafter called the Party of the First Part, and _____ or **its** successors, executors, administrators and assigns, hereinafter called the Party of the Second Part.

WITNESSETH:

That for and in consideration of payments, hereinafter mentioned, to be made by the Party of the First Part, the Party of the Second Part agrees to furnish all equipment, machinery, tools and labor; to furnish and deliver all materials required to be furnished and delivered in and about the improvement and to do and perform all work involved with **providing EMS Ambulance Billing Services Bid # EMS 23-14** in strict conformity with the provisions of this Contract, the Notice to Contractors, the Specifications approved by the Owner. The said Plans, Specifications, the Notice to Contractors, and the Proposal are hereby made a part of this agreement as fully and to the same effect as if the same had been set forth at length in the body of this agreement.

As security for the full and faithful performance of this contract and all incidents thereto, the Party of the Second Part had made and furnished a Contract Bond with _____ as Surety (as required per the bid package), which is accepted by Parties of the First Part and made a part of this contract.

In consideration of the foregoing promises, the Party of the First Part agrees to pay to the Party of the Second Part such unit prices for the work actually done as are set out in the accompanying proposal in the manner provided in the said specifications.

The contractor shall be prepared to begin work to be performed under the contract as set forth in their proposal, but will not begin until the official Notice to Proceed has been issued.

This contract will become effective upon completion of signatures by both parties and will run through September 30, 2016. This contract may be renewed for two (2) additional one (1) year periods upon signed agreement by both parties.

REPRESENTATIVES: The authorized representative of the County shall be:

Dino Villani, EMS Director
Public Safety Department
90 College Blvd, East
Niceville, FL 32578
850-651-7150
E-Mail: dvillani@co.okaloosa.fl.us

The authorized representative for _____ shall be:

E-Mail: _____

All notices required by this agreement shall be in writing to the representative listed above with a courtesy copy to the following:

Joanne Kublik
Contracts & Leases
Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, FL 32536
850-689-5960 / 850-689-5032 (FAX)
E-Mail: jkublik@co.okaloosa.fl.us

IN WITNESS WHEREOF, the Chairman of the Board of County Commissioners, by authority vested in him, has hereunto subscribed his name on behalf of the County of Okaloosa, Florida, the Owner, and the said _____ has hereto fixed his signature, the day and year above written.

WITNESS:

CONTRACTOR

BY _____

TITLE

STATE OF FLORIDA
COUNTY OF OKALOOSA

This contract is accepted this _____ day of _____ 2014 and is effective on the _____ day of _____ 2014.

ATTEST:

COUNTY OF OKALOOSA, FLORIDA

Gary Stanford
Deputy Clerk of Court

BY _____
Charles K. Windes, Jr., Chairman

SPECIAL CONDITIONS

1. **Applicable Laws and Regulations** - The proposers attention is directed to the fact that all applicable state laws, county municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over project shall apply to the proposal throughout, and they will be deemed to be included in the contract the same as though they are written out in full herein.

2. **Proposal Information** - Questions concerning proposal requirements or specifications should be directed to the Okaloosa County Purchasing Department, 602-C North Pearl Street, Crestview, Florida 32536, at 850-689-5960. Any changes by the County to specifications shall be in writing in the form of an addendum and furnished to all proposers. Verbal information obtained otherwise will not be considered in awarding of the proposal.

3. **Right to Waive and Reject**
 - A. The Board, in its absolute discretion, may reject any proposer that has failed, in the opinion of the Board, to complete or perform an Okaloosa County contracted project in a timely fashion or has failed in any other way, in the opinion of the Board, to perform a prior contract in a satisfactory manner, and has directed the Okaloosa County Purchasing Services Manager to emphasize this condition to potential proposers.

 - B. There is no obligation on the part of the County to award the proposal to the lowest proposer, and the County reserves the right to award the proposal to proposer submitting a responsive proposal with a resulting negotiated agreement which is most advantageous and in the best interest of Okaloosa County, and to reject any and all proposals or to waive any irregularity or technicality in proposals received. Okaloosa County shall be the sole judge of the proposal and the resulting negotiated agreement that is in its best interest and its decision shall be final.

 - C. The Board of County Commissioners reserves the right to waive any informalities or reject any and all proposals, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this proposal and to accept the proposal that in its judgment will best serve the interest of the County.

 - D. The Board of County Commissioners specifically reserves the right to reject any conditional proposal and will normally reject those that made it impossible to determine the true amount of the proposal.

4. **Disqualification of Proposers** - Any of the following reasons may be considered as sufficient for the disqualification of a proposer and the rejection of his/her proposal or proposals:
 - A. More than one proposal for the same work from an individual, firm or corporation under the same or different name.

 - B. Evidence that the proposer has a financial interest in the firm of another proposer for the same work.

- C. Evidence of collusion among proposers. Participants in such collusion will receive no recognition as proposers for any future work of the County until such participant shall have been reinstated as a qualified proposer.
 - D. Uncompleted work that in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.
 - E. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals.
 - F. Default under previous contract.
5. **Conditional and Incomplete Proposals** - The Board of County Commissioners specifically reserves the right to reject any conditional proposal and will normally reject those that make it impossible to determine the true amount of the proposal.
6. **Investigation of Proposer** - The owner may make such investigations as he deems necessary to determine the stability of the Proposer to perform the work and that there is no conflict of interest as it relates to the project. The proposer shall furnish to the County any additional information and financial data for the purpose as the County may request.
7. **Preparation of Proposals** - Proposals must be submitted upon the prescribed forms provided herein. All blank spaces must be filled in as noted in ink or typed in both words and numbers with the amounts extended and totaled. No changes shall be made in phraseology of the form or in the items mentioned therein. In case of any discrepancy between the written amount and the figures, the written amounts shall govern. Any proposal may be rejected which contains any omissions, erasures, alterations, additions, irregularities of any kind, or items not called for or which shall in any manner fail to conform to the conditions of published notice inviting proposals.
8. **Indemnification & Hold Harmless** - To the fullest extent permitted by law, Contractor shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.
- Note: For proposer's convenience, this certification form is enclosed and is made a part of the proposal package.**
9. **Conflict of Interest** - The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All respondents must disclose with their proposal the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of its' agencies.

Furthermore, all respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

Furthermore, the official, prior to or at the time of submission of the proposal, must file a statement with the Clerk of Circuit Court of Okaloosa County if he is an officer or employee of the County, disclosing his or spouses or child's interest and the nature of the intended business.

Note: For proposer's convenience, this certification form is enclosed and is made a part of the proposal package.

10. **Identical Tie Proposal** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals that are equal with respect to price, quality and service are received by the County for the procurement of commodities or contractual services, a proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process (see attached certification form).

Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program.

Note: For proposer's convenience, this certification form is enclosed and is made a part of the proposal package.

11. **Public Entity Crime Information** - A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

12. **Local Preference** - Okaloosa County grants a preference to in-county bidders only when bids are received from firms located in states, municipalities or other political subdivisions which offer preference to bidders located in such politician subdivisions. The amount of preference given to local bidders will be the same as that given by the state, county, municipalities or other political subdivisions in which the out-of-county bidder is located. If the political subdivision in which a bidder is located offers a preference to its local firms, that bidder must plainly state the extent of such preference to its local firms, to include the amount and type of preference. Any bidder failing to indicate such preference will be removed from the County bid list and any and all bids from that firm will be rejected.
NOTE: For bidder's convenience, the certificate form is enclosed and is made part of the bid package.

13. **Bid Opening** - Bid Opening shall be public on the date and time specified on the bid form. It is the bidder's responsibility to assure that his bid is delivered at the proper time and place. Offers by e-mail, facsimile, or telephone are **NOT** acceptable.
Note: Crestview, Florida is "not a next day guaranteed delivery location" by delivery services.

14. **Awards and Rejections** - The Board in its absolute discretion may reject any bid of a bidder that has failed, in the opinion of the Board to complete or perform an Okaloosa County contracted project in a timely fashion, and has directed the Okaloosa County Purchasing Manager to emphasize this condition to potential bidders.

There is no obligation on the part of the County to award the bid to the lowest bidder, submitting a responsive bid with a resulting negotiating agreement that is in its best interest and its decision shall be final.

The Board of County Commissioners reserves the right to waive any informalities or reject any and all bids, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this bid and to accept the bid that in its judgment will best serve the interest of the County.

The Board of County Commissioners specifically reserves the right to reject any conditional bid and will reject those which make it impossible to determine the true amount of the bid. Each item must be paid separately and no attempt will be made to tie any item to any other item or items.

15. **Discrimination** - An entity or affiliate who has been placed on the discriminatory vendor list may not submit a proposal on a contract to provide goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.
16. **Proposal Opening Information** - Proposal Opening shall be public, on the date and time specified on the proposal form. It is the proposer's responsibility to assure that his proposal is delivered at the proper time and place. Offers by telegram, facsimile, or telephone are NOT acceptable.
17. **No Contact Clause** – The Okaloosa County Board of County Commissioners have established a solicitation silence policy (No Contact Clause) that prohibits oral and written communication regarding all formal solicitations for goods and services (Formal Bids, Requests for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department. The Period commences when the procurement document is received and terminates when the Board of County Commissioners approves the award.
Note: For proposer's convenience, the certificate form is enclosed and is made part of the bid package.
18. **Protection of Resident Workers** – The Okaloosa County Board of County Commissioners actively supports the Immigration and Nationality Act (INA) which includes provisions addressing employment eligibility, employment verifications, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the Employment Eligibility Verifications. The contractor shall establish appropriate procedures and controls so no services or products under the Contract Documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirements.

Contractors doing construction business with Okaloosa County are required to use the Federal Government Department of Homeland Security's website and use the E-Verify Employment Eligibility Verifications System to confirm eligibility of all employees to work in the United States.

INSURANCE REQUIREMENTS

Contractor's Insurance

- A. The **CONTRACTOR** shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Management Director.
- B. All insurance policies shall be with insurers licensed to do business in the State of Florida, and any insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published A. M. Best & Co., Inc.
- C. All insurance shall include the interest of all entities names in and its respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by Okaloosa County as Additional Insured. The coverage afforded the Additional Insured under this policy shall be primary insurance. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
- D. The County of Okaloosa shall be listed as Additional Insured by policy endorsement on all insurance contracts applicable to this Agreement except Workers' Compensation and Professional Liability.
- E. The County of Okaloosa shall be furnished proof of coverage by certificates of insurance (COI) and endorsements for every applicable insurance contract required by this Agreement. The COI's and policy endorsements must be delivered to the County Representative not less than ten (10) days prior to the commencement of any and all contractual agreements between the County of Okaloosa and the **CONTRACTOR**.
- F. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the **CONTRACTOR**.
- G. The insurance definition of Insured or Additional Insured shall include Subcontractor, Sub-subcontractor, and any associated or subsidiary companies of the **CONTRACTOR**, which are involved, and which is a part of the contract.
- H. The County reserves the right at any time to require the **CONTRACTOR** to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
- I. The designation of **CONTRACTOR** shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.
- J. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) days prior to the effective date of such

cancellation or amendment. Such notice shall be given directly to the County Representative.

Workers' Compensation Insurance

1. The **CONTRACTOR** shall secure and maintain during the life of this agreement Workers' Compensation insurance for all of his employees employed for the project or any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County of Okaloosa, the **CONTRACTOR** shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished the County of Okaloosa not less than ten (10) days prior to the commencement of any and all sub-contractual agreements which have been approved by the County of Okaloosa.
2. Such insurance shall comply with the Florida Workers' Compensation Law.
3. Coverage shall include a waiver or subrogation clause in favor of Okaloosa County. Also, this endorsement must be indicated on all Certificates of Insurance.

Business Automobile and Commercial General Liability Insurance

- A. The **CONTRACTOR** shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-Owned & Hired motor vehicle coverage.
- B. The **CONTRACTOR** shall carry other Commercial General Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures.
- C. In addition to the required coverage in B. above, Commercial General Liability coverage shall include the following:
 - 1.) On and Off Premises Operation Liability
 - 2.) Personal Injury Liability Insurance
 - 3.) Independent Contractor Liability
 - 4.) Completed Operations and Products Liability
- D. The **CONTRACTOR** shall agree to maintain in force Commercial General Liability Insurance including Completed Operations and Products Liability coverage for at least two (2) years following acceptance of the project by the COUNTY.
- E. All liability insurance (other than Professional Liability) shall be written on an occurrence basis and shall not be written on a claim-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the LIMITS OF LIABILITY, the **CONTRACTOR** shall notify the County representative in writing. The **CONTRACTOR** shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella

or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.

Limits of Liability

The insurance required shall be written for not less than the following limits unless law requires higher amounts:

| <u>COVERAGE</u> | <u>LIMIT</u> |
|---|--|
| A. Workers Compensation 1.) State 2.) Employers Liability | Statutory \$1 million each accident |
| B. Business Automobile | \$1 million each occurrence (Combined Single Limit) |
| C. Commercial General Insurance | \$1 million each occurrence (Combined Single Limit) |
| D. Professional Liability | \$1 million each occurrence (Combined Single Limit) |
| E. Personal and Advertising Injury | \$250,000 |

Owner & Contractor's Protective Liability

In addition to the liability requirements above, the **CONTRACTOR** shall, at his expense, provide an Owner and **CONTRACTOR's** Protective Liability insurance policy issued in the name of the OWNER and ENGINEER. Coverage shall be provided under this policy for not less than the following amounts:

| | |
|--------------------|-----------------------------|
| A. Bodily Injury | \$1 million each occurrence |
| B. Property Damage | \$1 million each occurrence |

Property Insurance

CONTRACTOR shall purchase and maintain property insurance upon the Work at the site in the amount of the full replacement cost. Any deductible amount is the responsibility of the **CONTRACTOR**. This insurance shall (1) include as an insured the OWNER, CONTRACTOR, ENGINEER and any others who have an insurable interest, (2) be written on a Builder's Risk special cause of loss policy form; (3) include expenses incurred in the repair or replacement of any insured property (including but not limited to fees and charges of engineers and architects); (4) cover materials and equipment stored on the site or at another location that was agreed on in writing by the OWNER prior to being incorporated in the Work; (5) allow for partial utilization of the work by the OWNER; (6) include testing and startup; and, (7) be maintained in effect until final payment is made unless otherwise agreed to in writing by the OWNER, **CONTRACTOR** and ENGINEER with 30-day written notice to each other entity to whom a certificate of insurance has been issued.

Notice of Claims or Litigation

The **CONTRACTOR** agrees to report any incident or claim that results from performance of this Agreement. The County representative shall receive written notice in the form of a detailed written report describing the incident or claim within ten (10) days of the **CONTRACTOR**'s knowledge. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given the same day the **CONTRACTOR** becomes aware of the incident or claim followed by a written detailed report within ten (10) days of verbal notification.

Indemnification and Hold Harmless

To the fullest extent permitted by law, **CONTRACTOR** shall indemnify and hold harmless **COUNTY**, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the **CONTRACTOR** and other persons employed or utilized by the **CONTRACTOR** in the performance of this Agreement.

Certificate of Insurance

- A. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows:
- Okaloosa County
602-C North Pearl Street
Crestview, Florida 32536
- B. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide.
- C. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer.
- D. The Certificates of Insurance shall disclose any and all deductibles or self-insured retentions (SIRs). County requests that all deductibles or SIRs be no greater than \$10,000. However, **CONTRACTORS** having insurance with higher deductibles may submit a proposal without penalty reflecting the pricing for their deductible provided that **CONTRACTOR** also submits a brief company financial statement.
- E. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the **CONTRACTOR** has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.
- F. In the event of failure of the **CONTRACTOR** to furnish and maintain said insurance and to furnish satisfactory evidence thereof, Okaloosa County shall have the right (but not the obligation) to take out and maintain insurance on the project. All costs for the coverage will be paid by **CONTRACTOR** upon presentation of a bill.

General Terms

Any type of insurance or increase of limits of liability not described above which the **CONTRACTOR** required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the **CONTRACTOR** of any responsibility under this contract.

Should the **CONTRACTOR** engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

The **CONTRACTOR** hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the **CONTRACTOR** under all the foregoing policies of insurance.

Umbrella Insurance

The **CONTRACTOR** shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this Agreement.

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all proposers, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), or if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES _____

NO _____

NAME(S)

POSITION(S)

FIRM NAME: _____

BY (PRINTED): _____

BY (SIGNATURE): _____

TITLE: _____

ADDRESS: _____

PHONE NO. _____

E-MAIL _____

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED PROPOSER CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: _____

SIGNATURE: _____

COMPANY: _____

NAME: _____
(Typed or Printed)

ADDRESS: _____

TITLE: _____

E-MAIL: _____

PHONE NO.: _____

NO CONTACT CLAUSE

The Board has established a solicitation silence policy (**No Contact Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department.

The period commences when the procurement document is received and terminates when the Board approves an award.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective bidders/proposers and members of the Board, the County Administrator or members of the Board Approved Review Committee. All questions or requests for information regarding the solicitation **must** be directed to the designated Purchasing Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Director or his appointed representative. It shall be the Purchasing Director's decision whether to consider this information in the decision process.

Any violation of this policy shall be grounds to disqualify the proposer from consideration during the selection process.

All proposers must agree to comply with this policy by signing the following statement and including it with their submittal.

I _____ representing _____
Signature Company Name

On this _____ day of _____, 2014 hereby agree to abide by the County's "**No Contact Clause**" and understand violation of this policy shall result in disqualification of my proposal/submittal.

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, CONTRACTOR shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the CONTRACTOR and other persons employed or utilized by the CONTRACTOR in the performance of this Agreement.

Proposer's Company Name

Physical Address

Mailing Address

Phone Number

Cellular Number

DATE

Authorized Signature – Manual

Authorized Signature – Typed

Title

FAX Number

After-Hours Number(s)

FEDERAL E-VERIFY COMPLIANCE CERTIFICATION

In accordance with Okaloosa County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Proposer hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the contractor during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contract to likewise utilize the U.S. Department of Homeland Securities E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation such verification to the COUNTY upon request.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: _____

SIGNATURE: _____

COMPANY: _____

NAME: _____

ADDRESS: _____

TITLE: _____

E-MAIL: _____

PHONE NO.: _____

LOCAL PREFERENCE DATA SHEET

Okaloosa County grants a preference to in-county bidders only when bids are received from firms located in states, municipalities or other political subdivisions which offer preference to bidders located in such political subdivisions. The amount of preference given to local bidders will be the same as that given by the state, county, municipality or other political subdivisions in which the out-of-county bidder is located. If the political subdivision in which a bidder is located offers a preference to its local firms, that bidder must plainly state the extent of such preference to include the amount and type preference offered. Any bidder failing to indicate such preference will be removed from the County bid list and any and all bids from that firm will be rejected.

Does the state, county, municipality or political subdivision in which your firm is located offer a preference to their local bidders? If "YES," list below the extent of such preference. (If your firm is located in Okaloosa County, you will check "YES"-reciprocal only.)

YES _____

NO _____

If yes, you must identify how you confirmed this information or who you spoke with within your area of business location below:

Bidder's Company Name

Authorized Signature – Manual

Printed Name

Date

VENDOR INFORMATION

PURPOSE

The Okaloosa County Board of County Commissioners, hereinafter referred to as the "COUNTY", is seeking proposals from qualified firms, hereinafter referred to as the "CONTRACTOR", to PROVIDE EMS AMBULANCE BILLING SERVICES, for Okaloosa County Emergency Medical Services, hereinafter referred to as "OCEMS", in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).

1. **ELIGIBILITY**

To be eligible to respond to this RFP, the proposing firm must demonstrate that they, or the principals assigned to this project, have successfully completed services similar to those specified in the Scope of Services section of this RFP for at least three governmental entities within the State of Florida and are licensed, insured, bondable and Health Insurance Portability and Accountability Act (HIPPA) compliant in the State of Florida.

The proposal should demonstrate at least three years of documented successful experience with and current knowledge of ambulance services billing. Experience must include filing claims with government programs such as Medicare and Medicaid, as well as, commercial health insurance programs (HMOs and PPOs) and the processing of at least 24,000 transports per year with a minimum of 85% documented collection percentage rate.

2. **VARIANCES**

While the County allows CONTRACTORS to make variances to the RFP terms, conditions, and specifications, the number and extent of variances taken will be considered in determining proposal responsiveness and in allocating proposal evaluation points.

3. **ADDITIONAL ITEMS/SERVICES**

The COUNTY may require additional items or services of a similar nature, but not specifically listed in the contract. The CONTRACTOR agrees to provide such items or services, and shall provide the COUNTY prices on such additional items or services based upon a formula or method which is the same or similar to that used in establishing the prices in the proposal. If the price (s) offered are not acceptable to the COUNTY, and the situation cannot be resolved to the satisfaction of the COUNTY, the COUNTY reserves the right to procure those items or services from other vendors or to cancel the contract upon giving the CONTRACTOR thirty (30) days written notice.

4. **CONTRACT TERM**

The contract term will be as defined in the enclosed contract document.

Any allowances requested due to increase must be requested prior to renewal. Fees shall be based upon contractor performance and expressed as per claim price or as a percentage of actual collections remitted to the OCEMS. Medicaid claims are the exception and must be expressed as a flat rate per claim. These fees shall be all-inclusive

of materials and personnel required for the performance of the final negotiated contract.

5. **SECURITY FOR FAITHFUL PERFORMANCE**

A bid bond, cashier’s check or certified check representative of five percent (5%) for the first year’s total bid price must be submitted with the bid package.

A payment and performance bond in the amount of \$25,000 made out to the Okaloosa Board of County Commissioners, issued by and institution approved by the County, will be due at the signing of the contract by the successful bidder.

IV. SCOPE OF SERVICES

BACKGROUND

It is the intent of the COUNTY to establish a contract with an established billing services provider for the purpose of collecting fees from EMS patients, and their insurance carriers, transported via ambulance to health facilities by OCEMS. This RFP is intended to cover all points of a contract from the reporting by OCEMS of the service to the satisfaction of the receivable, including potential future placement with the contracted Collection Agency after CONTRACTOR’s collection efforts have failed.

The COUNTY, via OCEMS, will initiate providing Advanced Life Support (ALS) ambulance services, Basic Life Support (BLS) and non-emergency ambulance services, and on-scene medical treatment (non-transport fees) to the citizens and visitors of the COUNTY, within OCEMS boundaries in Okaloosa County, Florida. The COUNTY wishes to obtain the services of a qualified service provider for the actual billing of funds due and Accounts Receivable posting of funds received by OCEMS for these services.

At this time, charges for service are as follows:

| SERVICES | FEE |
|--|---------------------|
| Non-Emergency Medical Transportation Service | \$175.00 (+Mileage) |
| Base Rate for BLS | \$800.00 (+Mileage) |
| Base Rate for ALS – 1 | \$800.00 (+Mileage) |
| Base Rate for ALS – 2 | \$800.00 (+Mileage) |
| Specialty Care Transport | \$800.00 (+Mileage) |
| Mileage | \$15.00 per mile |
| Treatment / No Transport | \$250.00 |
| Ambulance Standby | \$200.00 per hour |
| Non-profit Organization Ambulance Standby | \$120.00 per hour |
| Quick Response Vehicle Standby (with 1 Staff Member) | \$100.00 per hour |
| EMT (No Vehicle) | \$75.00 per hour |
| Paramedic (No Vehicle) | \$100.00 per hour |

Records reflect that OCMES has estimated the following number of transports, which would fall under the scope of services under this contract:

| YEAR | NUMBER OF BILLABLE TRANSPORTS* |
|-------------|---------------------------------------|
| 2010 | 17,268 |
| 2011 | 19,154 |
| 2012 | 19,349 |

* The number of patient transports in prior years are considered to be estimated, and there is no warranty or guarantee that future service requirements will remain constant.

SCOPE OF WORK

The successful contractor, under this agreement, will provide all services necessary to collect for services provided by OCEMS. These services shall include, but are not limited to:

1. Receipt from OCEMS of the patient data necessary for billing. This data will come from a department approved "Patient Care Report" (PCR) in computerized format. The CONTRACTOR will be furnished with these reports either in a batch mode via mail or electronic transfer. The patient care reports will be electronically generated in a format approved by this department in ruggedized tablet devices capable of supporting electronic PCR and automated vehicle location (AVL) functionality:
 - a. The CONTRACTOR shall be responsible for obtaining the appropriate software that will be compatible to interface with our computerized report writing system and to enter furnished data into their computerized billing system.
 - b. The CONTRACTOR shall provide a GPS compatible AVL system that supports fleet management and real-time information sharing between field units and dispatch.
2. The CONTRACTOR will be responsible for reviewing each PCR for content to accomplish the following:
 - a. Check for discrepancies to ensure the number of PCRs received match the number of patients transported as documented on the PCRs. This is particularly important on multiple patients at one incident.
 - b. Assign the appropriate billing code based on the documentation, treatment and chief complaint of the patient.
3. The CONTRACTOR will be responsible for sorting the PCRs in numerical/date order, as well as, sorting all the paperwork in a systematic order for billing organization and future accessibility.
4. To the extent possible, provide electronic claims processing and paper filings to all other insurance companies. The first invoice will be dated no later than fifteen (15) days after the date of service (DOS) or five (5) days after the contracted billing company has received the PCR. The second notice will be sent to the patient or responsible party thirty (30) days after the original invoice. The third notice (final notice) will be sent to the patient or responsible party after 30 days

the second notice has been mailed. Services to be billed will include base fee, mileage, and hourly rate for ambulance/quick response vehicle standbys.

5. The contracted billing agency will be responsible for the initial collection generation of any and all insurance forms, filings and record maintenance. The contracted billing agency will provide the contracted collection company with all accounts that have no payment activity for 180 days after the date of first billing. The CONTRACTOR will track the accounts turned over to the collection firm and will provide a monthly report to OCEMS listing the accounts surrendered to the collection firm. The CONTRACTOR will continue to work with the collection agency to assist with the following:
 - Information gathering
 - Filing insurance claims for accounts in collections
 - Review account status with collections firm and/or OCEMS, as required;
 - Receive and handle phone calls for patients with accounts placed in collections; and
 - Receive, post and forward payments received on accounts placed in collections

6. Provision of all monthly finance, billing, receivable and again reports as stated herein.
 - a. Collections profiles for each month, dating back to the beginning of said contract.
 - b. Status of all accounts (payer max) for the current month and total in system.
 - c. Aging report.
 - d. Monthly detail for current month reports.
 - e. Transport log.
 - f. Month end information for Finance.
 - g. Monthly write off reports.
 - h. Refund reports including refunds pending.
 - i. HIPPA records release reports.
 - j. Any additional reports that OCEMS may need or request will automatically be formatted to their requirement and sent to the department.
 - k. Daily payment logs with deposit confirmation attached.
 - l. Month end payment logs to balance to dailies.

7. The CONTRACTOR will comply with the policies and procedures developed and implemented by OCEMS in response to the improvement of the department and the privacy act of HIPPA. The agency will enter into a business associates agreement with OCEMS to insure all HIPPA policies are adhered to. Any violations of the HIPPA by contracted billing company will be grounds to terminate all contractual agreements.
8. The CONTRACTOR will comply with HIPPA regarding protected health information (PHI) and guardian of all record sets and will maintain any and all documentation records and patient information in a safe and secure manner allowing for inspection and/or audit by the COUNTY.
9. The CONTRACTOR will be required to store all record sets for a minimum of thirty-six (36) months and then turn them over to Okaloosa County for permanent storage.
10. The CONTRACTOR will be in compliance with the Final Security Rule of HIPPA and remain under a business associates agreement during the duration of the contract.
11. Provide sufficient Customer Service Representative(s) to assist patients and/or other third party payees in all billing inquiries in a timely manner, not to exceed three (3) business days.
12. Conduct any follow-up required to obtain necessary insurance information for payment processing.
13. All payments received by the CONTRACTOR on behalf of OCEMS will be deposited to the COUNTY's designated bank account within three (3) business days. Records of deposits will be correlated with database reports on a daily basis and this information will be faxed to the County on a daily basis.
14. CONTRACTOR will follow-up with patient or patient's third party for collection of the receivable in increments of 30 days, 60 days and 90 days, after the initial billing. OCEMS shall be provided information and a quarterly basis on those accounts deemed "non-collectible except by further legal means" and OCEMS will decide the method in which it wishes to proceed. No such account will be reported as long as payments are being made in good faith. The CONTRACTOR agrees to negotiate and arrange a modified payment schedule for those individuals who are unable to pay the full amount when invoiced. The CONTRACTOR is authorized to establish a monthly payment no less than \$5.00 per month and ensure those individuals continue to pay at least the amount for the duration of the invoice.
15. Collect remaining amounts after the patients insurance or other third party payments are made from the patient where permitted by law and provider agreement.
16. The CONTRACTOR shall provide up to 4 hours training of EMS personnel annually, at the discretion of the EMS Division Chief, on changes in the billing process and new requirements for data gathering as they occur. In addition, the contractor

must apply up to 3 hours training annually on the use of the read-only version of the software to be provided under this contract for OCEMS-based use.

17. The CONTRACTOR also agrees to provide:
- a. All invoices and related insurance forms with remittance advice.
 - b. Return envelope with the address to be designated and approved by OCEMS. Window envelopes are acceptable for satisfying this requirement.
 - c. Postage for the mailing of all said invoices and forms for the billing operation.
 - d. Patient statement with a message stating "all checks must be made payable to Okaloosa County EMS". Sample of invoice to be provided.
 - e. Reasonable effort to locate and correct any incorrect billing address for billable patients.
 - f. A working arrangement with all OCEMS service hospitals.
 - g. A reconciliation report on the 15th and the last day of the month that will show all patients that have been billed for the previous 15 days. The invoice will display the PCR number, date of service, level of care (BLS, ALS, ALS-2, SCT, etc.), miles transported, patient billing code assignment, and the total amount of the invoice.
 - h. A reconciliation report on the 15th and the last day of the month that will show a breakdown of BLS/ALS/ALA-2 patients and the mileage charges for each category. It will be broken down per category to ensure all PCRs processed and forwarded to the CONTRACTOR have been processed within approved time line.
 - i. The CONTRACTOR must provide OCEMS with a refund request including all patient information relating to refund payments to patients and/or insurance company indicating the refund payee's name, address, and reason for refund.
 - j. The CONTRACTOR shall follow up on electronically submitted claims for which payment has not been received between 30 and 45 days following initial submittal. Follow-up shall be accomplished on all unpaid paper claims between 45 & 60 days after initial submittal. Follow-up efforts and results must be documented and available to the COUNTY. Follow-up efforts subsequent to the initial effort must also be documented and retrievable.
 - k. The CONTRACTOR agrees to provide the COUNTY with information necessary for OCEMS to pursue collection of non-sufficient fund checks.

- l. Given reasonable notifications, OCEMS has the right to audit all financial records pertaining to the billing and collection for OCEMS
- m. Subpoenas: Any subpoena request processed through OCEMS and sent to the individual names on the subpoena requesting the medical records.
- n. The CONTRACTOR will keep a log of the medical records sent out in compliance with subpoenas or other legal and HIPPA compliant request and will send a copy of the PHI log electronically to the Privacy Officer of HIPPA on a monthly basis. A copy of the request will also be placed in the medical records.
- o. The CONTRACTOR will comply with any special report request in reference to transport locations and response modes to specific locations on a case by case basis.

19. **Reports:**

- a. Distribution of Charges and Collections – This report will track the charges, payments and financial class mix of all patients for a given month or other specified period. (Provide sample of this report.)
- b. Aged Receivable Report – This report will have outstanding invoices sorted by date or account for thirty, sixty, ninety, one-hundred twenty and over one-hundred twenty days. This report will provide totals for these categories. (Provide sample of this report.)
- c. Patient Alpha Listing – This report lists all patients alphabetically by patient name. (Provide Sample of this report.)
- d. Monthly Payment Listing – This report lists payments, required charge offs (adjustments), and refunds posted to each patient’s account. (Provide sample of this report.)
- e. Overpayment (Refund Request) Reports – This report lists all patients due refunds as a result of overpayment of account. (Provide sample of this report.)
- f. NSF Check Reports – This report lists all patients that have made payment with checks that have been returned for non sufficient funds of an account. (Provide sample of this report.)

Additionally, any other mutually agreed upon report (s) as may be required.

20. **Responsibility of OCEMS:**

OCEMS will provide the necessary patient and insurance information to the CONTRACTOR on a twice weekly basis for those patients that have been recently transported or treated at scene. (Period may be adjusted dependent upon volume.)

OCEMS will comply with all Federal, State and local laws, rule and regulations as applicable to the services being contracted for.

OCEMS will agree to use the successful firm for all medical billings exclusively for the service specified herein as long as the contract agreement is in force, except for accounts past due six (6) months or more that have been deemed uncollectible by the CONTRACTOR and OCEMS.

21. **Performance Schedule:**

Patient statements shall be at maximum intervals of 35 days with no patient receiving a statement until their insurance has had ample opportunity to act on the claim. Ample opportunity is defined as at least 60 days. Initial bills to insurance carriers are to be sent within fifteen (15) business days of the Date of Service of five (5) days of the CONTRACTOR receiving all necessary information to enable the billing process.

The Proposer shall include sample bills forms and sample messages that can be used on patient statements, as part of the response. All text, format, color or printing and stock subject to approval by OCEMS.

V. PROPOSAL FORMAT

The Proposal must name all persons or entities interested in the proposal as principals. The proposal must be declared that it is made without collusion with any other person or entity submitting a proposal pursuant to this Request for Proposal.

Proposer shall prepare their proposals using the following format with each section clearly labeled and shall include the following:

- a. Letter of Transmittal.
- b. Statement acknowledging receipt of each addendum issued by the COUNTY.
- c. Qualifications and experience of the firms(s)/individual(s) who will provide the services which shall include documentation of the firm's experience in similar work.
- d. List at least two (2) current and pertinent professional and financial references (name, address, and phone number) that the COUNTY may contact in relations to the Proposer's qualifications, experience and stability.
- e. Scope of Work – This section of the proposal should explain the Scope of Work as understood by the Proposer and detail the approach activities and work products. The proposal shall include:
 - 1) A rationale for the approach taken for schedule of deliverables.
 - 2) A list of work product which the Proposer will provide.

- 3) A list of any assistance OCMES may be requested to provide the Proposer.
- 4) Provide completed cost proposal (Attachment "A").
- 5) Provide evidence of current levels of insurance in areas of General Liability and Professional Liability or evidence of insurability.
- 6) Provide a statement of Proposer's financial stability, including information as to current or prior bankruptcy proceedings.
- 7) Provide a summary of any litigation filed against the proposer in the past three years which is related to the services that Proposer provides in the regular course of the business. The summary shall state the nature of litigation, a brief description of the case, the outcome or projected outcome, and the monetary amount involved.
- 8) Identify the type of business entity involved (i.e., sole proprietorship, partnership, corporation, etc.). Identify whether the business entity is incorporated in Florida, another state, or a foreign country.
- 9) In the case of a sole proprietorship or partnership, provide Social Security numbers for all owners or partners.
- 10) If proposer is a corporation, provide certification from the Florida Secretary of State verifying Proposer's corporate status and good standing, and in the case of out-of-state corporations, evidence of authority to do business in the State of Florida.
- 11) Any additional information that the Proposer considers pertinent for consideration should be included in separate sections of the proposal. The COUNTY solicits a statement about why the Proposer feels its approach would be the most cost effective to the COUNTY.

ATTACHMENT A (Format for Pricing)

Overall contract fee or percentage for providing Billing & Receivable services as outlined in the attached Scope of Services for all billings EXCEPT FOR MEDICAID CLAIMS.

ESTIMATED CLAIMS X AVERAGE EXPECTED COLLECTIONS X PERCENTAGE FEE PER AMOUNT COLLECTED – ALL COSTS INCLUDED

_____ Claims x \$ _____ Estimated average collection per claim x Vendor percentage = Total County Cost.

OR

_____ x _____ Claims x \$ _____ Estimated average collection per claim x _____ % = \$ _____

(Insert Count’s estimate where the x appears above.)

Are the above costs fixed for the three year duration of the contract? Yes () / No ()

If no, quantify any and all factors that will influence the cost of the service with a guaranteed percentage yearly maximum for each year of the contract.

Year 1 _____ %

Year 2 _____ %

Year 3 _____ %

MEDICAID CLAIMS must be shown as a flat rate for performing any billing.

This shall be per billing and shall not percentage. The COUNTY estimates there will be approximately _____ such claims annually based on past experience or projections. This is an estimate only and does not in any way guarantee the CONTRACTOR will be paid this amount. A “billing” is defined as a separate and initial paper or electronic transaction to recover costs from Medicare of Florida Medicaid and any and all follow-up or secondary filing associated with an ambulance run on that specific date of service.

\$ _____/Billing x _____ bills = \$ _____ per year.

(Insert county’s estimate where x appears above.)

What fee does the proposer pay for the processing of the following credit card transactions? This assumes that the Vendor will only pass along the vendor’s cost of this service – additional vendor fees are not allowed. The COUNTY recognized that these fees are adjusted periodically by Credit Card service providers and expects these fees to be adjusted accordingly, however, the COUNTY must receive a copy of the notification t

provided to the Vendor by the Credit Card processor prior to the vendor adjusting these fees:

Master Card: _____

Visa: _____

American Express: _____

Vendor Name

Address

Phone/Contact Person

REFERENCE SHEET

Refer to Proposal Specification

NAME OF CUSTOMER _____
ADDRESS _____
PHONE NUMBER _____
PERSON TO CONTACT _____

NAME OF CUSTOMER _____
ADDRESS _____
PHONE NUMBER _____
PERSON TO CONTACT _____

NAME OF CUSTOMER _____
ADDRESS _____
PHONE NUMBER _____
PERSON TO CONTACT _____

NAME OF CUSTOMER _____
ADDRESS _____
PHONE NUMBER _____
PERSON TO CONTACT _____

NAME OF CUSTOMER _____
ADDRESS _____
PHONE NUMBER _____
PERSON TO CONTACT _____

**EMS AMBULANCE BILLING SERVICES
RANKING SHEET
BID # EMS 23-14**

| | | | | |
|--|--|--|--|--|
| COMPANY NAME | | | | |
| Price/Fees (50 pts) | | | | |
| Technical Solutions (20 pts) | | | | |
| Qualifications and Experience (20 pts) | | | | |
| References (10 pts) | | | | |
| TOTAL | | | | |

Person Scoring (Print) _____

Signature _____

Date _____

ADDENDUM # 1

VENDOR INFORMATION

PURPOSE

The Okaloosa County Board of County Commissioners, hereinafter referred to as the "COUNTY", is seeking proposals from qualified firms, hereinafter referred to as the "CONTACTOR", to PROVIDE EMS AMBULANCE BILLING SERVICES, for Okaloosa County Emergency Medical Services, hereinafter referred to as "OCEMS", in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).

1. ELIGIBILITY

To be eligible to respond to this RFP, the proposing firm must demonstrate that they, or the principals assigned to this project, have successfully completed services similar to those specified in the Scope of Services section of this RFP for at least three governmental entities ~~within the State of Florida~~ and are licensed, insured, bondable and Health Insurance Portability and Accountability Act (HIPPA) and **Emergency Medical Services Tracking & Reporting System (EMSTARS)** compliant in the State of Florida.

The proposal should demonstrate at least three years of documented successful experience with and current knowledge of ambulance services billing. Experience must include filing claims with government programs such as Medicare and Medicaid, as well as, commercial health insurance programs (HMOs and PPOs) and the processing of at least 24,000 transports per year with a minimum of 85% documented collection percentage rate.

ADDENDUM 2

ATTACHMENT A (Format for Pricing)

Overall contract fee or percentage for providing Billing & Receivable services as outlined in the attached Scope of Services for all billings EXCEPT FOR MEDICAID CLAIMS.

ESTIMATED CLAIMS X AVERAGE EXPECTED COLLECTIONS X PERCENTAGE FEE PER AMOUNT COLLECTED – ALL COSTS INCLUDED

18,958 Claims x \$ 289.94 Estimated average collection per claim x Vendor percentage = Total County Cost.

OR

18,958 Claims x \$ 289.94 Estimated average collection per claim x _____ % = \$ _____

Are the above costs fixed for the three year duration of the contract? Yes () / No ()

If no, quantify any and all factors that will influence the cost of the service with a guaranteed percentage yearly maximum for each year of the contract.

Year 1 _____ %

Year 2 _____ %

Year 3 _____ %

MEDICAID CLAIMS must be shown as a flat rate for performing any billing.

This shall be per billing and shall not percentage. The COUNTY estimates there will be approximately 2300 such claims annually based on past experience or projections. This is an estimate only and does not in any way guarantee the CONTRACTOR will be paid this amount. A "billing" is defined as a separate and initial paper or electronic transaction to recover costs from Medicare of Florida Medicaid and any and all follow-up or secondary filing associated with an ambulance run on that specific date of service.

\$ _____/Billing x 2300 bills = \$ _____ per year.

What fee does the proposer pay for the processing of the following credit card transactions? This assumes that the Vendor will only pass along the vendor's cost of this service – additional vendor fees are not allowed. The COUNTY recognized that these fees are adjusted periodically by Credit Card service providers and expects these fees to be adjusted accordingly, however, the COUNTY must receive a copy of the notification

ADDENDUM 2

provided to the Vendor by the Credit Card processor prior to the vendor adjusting these fees:

Master Card: _____

Visa: _____

American Express: _____

Vendor Name

Address

Phone/Contact Person

Good Afternoon Mr. Allen,

My name is Katie Lehl and I am contacting you on behalf of LifeQuest Services. We are an EMS and Fire billing company interested in the County's RFP# EMS 23-14 for EMS Ambulance Billing Services. Below are the questions we have regarding this proposal. If there are any questions or concerns please do not hesitate to contact me. I hope these questions will be considered in any future addendum. Thank you for your assistance.

1. Is your current billing internal or outsourced? **Outsourced**
2. If outsourced, who is your current vendor and what is the current cost of their services to you in dollars and percent? **Advanced Data Processing, Inc. dba Intermedix, Currently we pay 8.58% of net collections which includes use of toughbooks, ePCR software and technical support, \$11.40 per Medicaid claim filed and \$1300 per month for Notice of Privacy Practice mailings.**
3. Why are you currently going out to bid? **Our contract expires May 2014. The county is obligated to request proposals for services periodically.**
4. Who is your ePCR vendor and what is your specific software package? **Intermedix/Triptix**
5. What CAD software is the County currently using? **VisionCAD through TriTech**
6. Are you looking for new ePCR software or hardware? **Prefer to continue with Triptix, but open to alternatives.**
7. What is the anticipated start date for this contract? **May 18, 2014**
8. How many billable runs did the County have for 2013? **CY 2013: 18,958**
9. How many of those runs were ALS vs. BLS? **CY 2013: ALS 13,310 ALS2 303 BLS 4,901**
10. What is the average amount that is billable per run? **CY 2013: \$759.54**
11. What is your average number of loaded miles per transport? **CY 2013: 10.4**
12. Do you charge for a base rate mileage only? **\$15 per mile for all services**
13. Does your service itemize other charges? **No.**
14. What is your 2012 and 2013 payer mix?

| | <u>CY 2012</u> | <u>CY 2013</u> |
|------------|----------------|----------------|
| Medicare | 59.98% | 61.20% |
| Medicaid | 7.70% | 6.90% |
| Commercial | 26.02% | 24.53% |
| Self Pay | 1.61% | .93% |
| Other | 4.68% | 6.45% |
15. The following financial information we are requesting will be for the previous full year to date.
 - a. What are your total charges?

| <u>CY 2012</u> | <u>CY 2013</u> |
|-------------------------------|-------------------------------|
| Gross Charges \$11,916,474.51 | Gross Charges \$14,399,427.32 |
| Net Charges \$ 7,529,988.18 | Net Charges \$ 8,359,478.34 |

b. What is your total cash revenue?

| <u>CY 2012</u> | <u>CY 2013</u> |
|-----------------------------------|-----------------------------------|
| Gross Collections \$ 5,560,537.93 | Gross Collections \$ 5,615,795.00 |
| Net Collections \$ 5,522,600.46 | Net Collections \$ 5,496,707.61 |

c. What are your total adjustments in dollars? **CY 2013 \$ 6,039,948.98**

d. What are your total mandatory adjustments in dollars? (Mandatory adjustments include Medicare, Medicaid, Worker’s Compensation, VA, bankruptcy, intercept, Gunderson, Alliance, Blue Cross/Blue Shield, HIRSP, WEA Trust, Not Medically Necessary, Medical Associates, Tri-Care, and interest offset.) **CY 2013 \$ 6,039,948.98**

16. Could the County please clarify the eligibility requirements on page 22 of the RFP? Under the eligibility requirements it states, “experience must include filing claims with government programs such as Medicare and Medicaid, as well as, commercial health insurance programs (HMOs and PPOs) and the processing of at least 24,000 transports per year with a minimum of 85% documented collection percentage rate.” Does the proposer need to have a companywide average collection rate of 85% or an 85% collection rate with clients that have 24,000 transports per year? **85% collection rate with clients that have at least 24,000 transports per year. We would also welcome your percentage of collections overall.**

Best,

Katie Lehl
LifeQuest Services

Good afternoon,

I have a few questions regarding the RFP for EMS Ambulance Billing Services:

1. The RFP states that the Indemnification and Hold Harmless document is provided for the proposer's convenience. Are proposers required to sign and turn in the form with the proposal response or can those details be addressed during the contract negotiation stage? **Must be signed and submitted with proposal.**
2. The Proposal details as a requirement a "minimum of 85% documented collection percentage rate." Collections rates can vary widely depending on the fees that are being charged and specific demographics (**county wide**) in an area. Also the collection rates can be calculated as gross or net. Many vendors also have different formulas for calculating gross or net. Can the county please clarify how the collection rate should be calculated? Also – is the County looking for a vendors overall collection rate across all clients or collection rates for specific clients?

Please provide your overall collection percentage rate for Gross and Net Collections for CY 2013 and FY 2013.

Example: Gross Collections=Net Collections/Gross Charges

Net Collections=Net Collections/Net Charges

We would respectfully suggest that a better and more verifiable measure of vendors overall performance would be the "Collections per Transport" figure. **We would welcome this figure as well.**

3. Addendum number one of the RFP added EMSTARS compliance as a requirement. Usually only EPCR companies are EMSTARS compliant. Billing companies, unless they happen to own an EPCR product, are not required to be EMSTARS compliant since they are not that ones that send data to the State. Leaving the EMSTARS requirement will severely limit the competitive nature of this RFP. These are the only vendors that are listed on the EMSTARS website as compliance. They only include EPCR vendors or Billing companies that happen to have an EPCR product. Which EPCR product is the County Currently using? **EMSTARS compliance is required. Intermedix/Triptix**

Florida EMSTARS 1.4 Vendors

The following ePCR solutions and vendors have been verified as EMSTARS Compliant:

1. **Documed Systems International, Inc.**
Emergency-Pro, Version 4.0
2. **Sansio** (Formerly ScanHealth)
HealthEMS™, Version 4.1

3. [Zoll Data Systems](#)
RescueNet, TabletPCR, Version 4.0.2.81
4. [emsCharts](#)
emsCharts, emsCharts Pocket, emsCharts Mobile, Version 2.2
5. [Ortivus](#)
Sweet Billing & Field Data with NEMSIS Export Module, Version 5.3
6. [Healthware Solutions](#)
EMS Solution Suite, Version 5.7
7. [Intermedix](#)
EMS 2006, Version 1.0
8. [EMS Consultants](#)
Automated Run Tracking (ART), Version 6.2
9. [ACS-Firehouse](#)
Firehouse Software, Version 7.0
10. [Code 3 Software](#)
EMS Express, Version 1.0
11. [Golden Hour Data Systems](#)
GH Live, Version 1.8
12. [Zoll Data Systems](#)
FireRMS, Version 4.3
13. [ImageTrend](#)
EMS Service / Field Bridge, Version 4.3
14. [Emergidata](#)
RescueMedic, Version 1.11
15. [OPEN Incorporated](#)
SafetyPAD, Version 2.7
16. [ESO Solutions](#)
ESO Pro, Version 4.7.345
17. [OCI Software](#)
AmbuPro

The following ePCR solutions are currently in the process for verification:

1. [Emergency Technologies, Inc.](#)
Visual EMS, Version 5.3
2. [Forte Holdings](#)
iPCR

4. Who currently provides the EMS billing services for the County? What is the fee being charged? How long have they been providing the EMS billing services to the County?
8.58% of net collections which includes toughbooks, ePCR software and support. In

addition, we pay \$11.40 per Medicaid claim filed and \$1300 dollars monthly for NOPP mailings.

5. Can the due date be extended so that vendors have time to process any information that is changed as a result of any questions? **No.**

Thank you for your attention to our questions. Please feel free to contact me for any clarifications.

Mauricio Chavez
McKesson Business Performance Services

Good morning,

I have questions specific to RFP EMS 23-14 and they are as follows:

1. What is Okaloosa County's current ePCR software and do you plan to continue using if contract is awarded to a company different from your current provider? **Triptix. Prefer Triptix but open to alternatives.**
2. If Okaloosa County keeps the current ePCR software, is the current software Nemsis compliant? **Yes**
3. Is Okaloosa County currently using GPS software? If so, do you intend to continue use of the same software if contract is awarded to a company different from your current provider? **No. GPS software is not currently in use.**

4. What is Okaloosa County's 2013 payer mix?

CY 2013

Medicare: 61.20%

Medicaid: 6.90%

Private insurance: 24.53 %

Self-Pay: .93 %

Other: 6.45%

5. What is Okaloosa County's 2013 billable run breakdown?

CY 2013

Transport Breakdown

ALS 13110

ALS2 303

ALS 4,901

SCT (Specialty Care) 34

TNT 116

Non-Emergency Medical Transportation or

Stretcher Van 294

6. What are the fees associated with your current billing contract, i.e. Medicaid fee, billing fee percentage, additional fees?

Currently we pay 8.58% of net collections, \$11.40 per Medicaid claim filed and \$1300 for Notice of Privacy Practice mailings.

7. Will you provide a copy of Okaloosa County's "Privacy Notice"? **I can provide a print copy, electronic PDF, or the link to our website where it is posted**

http://www.co.okaloosa.fl.us/doc/dept/public_safety/ems/tri-fold.pdf.

Thanking you in advance,

Jeff Sarokas

For Lowcountry Billing Services

Can you please provide the average loaded miles per transport? FY 2013 average loaded miles per transport was 10.4 miles

How many tablet devices are required? 18 to 20 ruggedized tablets

Dena Ray-Hayworth, MHA
www.emsbilling.com

Questions from Parastar

Please note responses in red.

1. Who is the incumbent billing service? **Advanced Data Processing, Inc. dba Intermedix**
2. What current hardware & software is utilized to provide billing services? **Panasonic Toughbooks, Triptix ePCR software**
3. What hardware (i.e.: toughbooks) will need to be used and how many will be used? **Prefer ruggedized tablets. Will need 18 to 20.**
4. Is a full ePCR solution needed or is interfacing the systems sufficient? **Prefer Triptix, but open to alternatives.**
5. What rate or percentage is the County currently charged? **8.58 % which includes the use of toughbooks, Triptix software and technical support. Additionally, we pay \$11.40 per Medicaid claim filed and \$1300 per month for Notice of Privacy practices mailings.**
6. What were the total billable calls in 2013? **CY 2013 total billable calls 18,958**
7. What were the gross revenues in 2013? **CY 2013 gross revenues were \$5,615,795.00**
8. What were the net collections in 2013? **CY 2013 net collections were \$5,496,707.61**
9. What was the percentage of collections in 2013 (net/gross)? **Net 65.75% Gross 38.17%**
10. **Payer Mix (2013) Calendar Year**
 - Medicare: **61.20%**
 - Medicaid: **6.90%**
 - Private insurance: **24.53 %**
 - Self-Pay: **.93 %**
 - Other: **6.45%**
11. **Current Service Rates**
 - ALS Emergency: \$ **800.00**
 - ALS Non-Emergency: \$ **800.00**
 - BLS Emergency: \$ **800.00**
 - BLS Non-Emergency: \$ **800.00**
 - Mileage: \$ **15.00**
12. **Call Volume Information Calendar Year 2013**

| | |
|--------------|--------------|
| Non-Emergent | _____ |
| Emergency | _____ |
| Total | 24081 |

_____ can provide breakdown of call volume by complaint type not emergent and non-emergent. (see transport breakdown below)

Transport Breakdown

| | |
|----------------------|-------|
| BLS | 13110 |
| ALS | 303 |
| ALS2 | 4,901 |
| SCT (Specialty Care) | 294 |

13. Will a lockbox be provided? **Yes**
 - a. Who will incur charges associated with it? **Okaloosa County**
14. How often and for how long will the Firm need to meet with County personnel? **Prefer at least quarterly meetings but responsive more frequently if need.**
 - a. May meetings also be held via video or teleconference? **Yes**
15. How many individuals need to be trained? **132**

- a. Please state what type of training will be needed (i.e.: document training, software/hardware training/compliance training/use of PCR/medicare training). **All of the above.**
 - b. How long/how often will training be needed? **Depends on firms training capabilities.**
 - c. Are there contractual restrictions in regards to training? **No**
 - d. How many locations will be needed in order for us to provide training? (i.e.: will there be different sites where training will need to occur, such as multiple rooms or various locations?) **All training can occur at the same location.**
 - e. What is the shift schedule? (i.e.: how many hours per day and how many days for each type of training?) **Ambulance crews work 24 hour shifts. Firm is expected to present a training plan.**
16. Page 22 of the bid specifications states that bidders must have provided similar services to “at least three governmental entities within the State of Florida and are licensed, insured, bondable and Health Insurance Portability and Accountability Act (HIPAA) compliant in the State of Florida”. If the bidder has not provided similar services to 3 governmental entities in Florida, but has provided similar services to governmental entities in other states, will the bidder be disqualified? **No, the RFP specifications were amended on February 11, 2014 to strike the State of Florida requirement. However, a requirement that the bidding firm be Florida Emergency Medical Services Tracking and Reporting System (EMSTARS) compliant was added.**

Questions from Black hills Medical Billing

- What is your fiscal year? **October 1 through September 30**
- How many total runs did you do in the last year? **Total runs for CY 2013 were 24,081**
- How many billable runs did you do in the last year? **Billable runs for CY 2013 were 18,958**
- Do you bill for treatment with no transport? **Yes, but only under certain conditions such as when albuterol, diabetic medications a 12 lead or other higher level of ALS interventions are performed. For example: ALS interventions prior to pushing patient on a stretcher to a helo for air flight.**
- Do you bill for supplies? **No, supplies are including in the transport charge.**
- What is your motivation to consider outsourcing your billing services (increase collections rate, reduce your internal workload, etc.)? **Increase collections rate and reduce internal workload.**
- Are you currently using an ePCR system? **If so, which one? Yes, Triptix.**
- What term of contract are you seeking? **This contract will become effective upon completion of signatures by both parties and will run through September 30, 2016. This contract may be renewed for two (2) additional one (1) year periods upon signed agreement by both parties.**
- How do you obtain patient demographic and insurance information? **Linkage (repetitive patients), skip tracing, hospital connections, patient invoicing, outbound call campaigns, electronic eligibility searches, manual eligibility searches**
- Have you completed a Medicare Revalidation in the last two years? **Yes. May 2012**
- What methods do you utilize to contact patients for missing health insurance information? **Patient invoicing, outbound calls**
- How many statements/bills are sent to patients with balances due each month? **Averaged 3575 invoices per month in 2013. The patient is sent 4 invoices in 30 day intervals for the standard process.**
- Who currently does your billing? **Advanced Data Processing, Inc. dba Intermedix**
- What rate does your current billing service charge? Does this rate include postage for patient statements/bills? **8.58% of net collections which also includes use of toughbooks, software and technical support, \$11.40 per Medicaid claim filed and \$1300 for Notice of Privacy Practice mailings.**

Thank you,

Laurel K. Stewart
EMS Billing Coordinator

Question from EMSMC

To Whom it May Concern:

Below are the questions we have with respect to the EMS Ambulance Billing Request for Proposal #EMS 23-14. All of the data related to transport, payor and collections statistics should be readily available in your year-end reports provided by your current provider.

1. Does the County currently outsource EMS Billing? If so, can you provide the name of the vendor and the fee you are being charged?
2. Is the County currently using an electronic patient care (ePCR) reporting system? If so, does the County want to stay on the current system?
3. Has the County reviewed other ePCR systems and if so do you have a preference?
4. Can you provide the total collections for fiscal 2012 and 2013?
5. Can you provide the average revenue collected per transport for fiscal year 2012 and 2013?
6. Can you provide the payor mix by primary payor for the following categories?
 - a. Medicare
 - b. Medicaid
 - c. Commercial Insurance
 - d. Patient Pay
7. Can you provide the number of transports for each call type for fiscal year 2012 and 2013?
 - a. Non-Emergency Medical Transport Service
 - b. Treatment no Transport
 - c. Ambulance Standby
 - d. Non-profit Organization Ambulance Standby
 - e. Quick Response Vehicle Standby (with 1 staff member)
 - f. EMT (No Vehicle)
 - g. Paramedic (No Vehicle)
 - h. ALS Emergency
 - i. ALS Non-Emergency
 - j. BLS Emergency
 - k. BLS Non-Emergency
 - l. ALS 2
 - m. SCT
8. Please describe your current practice for managing Notice of Privacy Practice (NPP). Will the successful vendor be responsible for mailing NPP's?
9. Does the County currently use a 3rd party collection agency in efforts to collect unpaid balances for EMS transport? If so, would the County want to stay with this provide or should we include option in the RFP response?
10. Can you describe your invoicing process (i.e. how many invoices are sent per patient, intervals of invoices)?
11. Per page 24, vendor needs to supply an AVL System, would this include software as well?
12. How many employees do you have?

Answers to EMSMC

1) Yes. Advanced Data Processing, Inc. dba Intermedix. Currently we pay 8.58% of net collections, \$11.40 per Medicaid claim filed and \$1300 per month for Notice of Privacy Practice mailings.

2) Yes, we currently use Triptix. Yes, prefer to stay with Triptix

3) Open to alternatives.

4) FY 2012 Gross Collections \$5,439,771.72 Net Collections \$5,394,176.12

FY 2013 Gross Collections \$5,680,591.66 Net Collections \$5,589,566.83

5) FY 2012 \$281.29

FY 2013 \$301.58

6) FY 2012

FY 2013

| | | | |
|------------|--------|------------|--------|
| Medicare | 48.94% | Medicare | 50.50% |
| Medicaid | 14.40% | Medicaid | 13.57% |
| Commercial | 17.10% | Commercial | 17.54% |
| Self Pay | 17.30% | Self Pay | 15.50% |
| Other | 2.26% | Other | 2.89% |

7) FY 2012

FY 2013

| | | | |
|------------------------|-----|------------------------|-----|
| NE Medical Transport | 199 | NE Medical Transport | 134 |
| Treatment No Transport | 220 | Treatment No Transport | 286 |
| Ambulance Standby | 10 | Ambulance Standby | 14 |
| Non-Profit Standby | 0 | Non-Profit Standby | 0 |
| QRV Standby | 0 | QRV Standby | 0 |

The Paramedic (No Vehicle) and EMT (No Vehicle) rates are applied when additional personnel beyond the two ambulance staff members or one QRV staff member are requested. We do not have an individual breakdown for this. This fee was just implemented on August 1, 2013.

| | | | |
|-------------------|--------|-------------------|--------|
| ALS Emergency | 11,736 | ALS Emergency | 12,741 |
| ALS Non-Emergency | 659 | ALS Non Emergency | 354 |
| ALS2 | 280 | ALS2 | 305 |
| BLS Emergency | 2,487 | BLS Emergency | 2,189 |
| BLS Non-Emergency | 3,710 | BLS Non-Emergency | 2,765 |
| SCT | 48 | SCT | 62 |

8) Crew members are required to give patients a printed Notice of Privacy Practices when reasonable to do so. Okaloosa County EMS has these printed and provides them to the crew members. ADPI/Intermedix also mails out notices of privacy practices to each patient. The successful vendor will be responsible for mailing out the Notice of Privacy Practices to patient's as well.

9) Yes. The contract with our collection agency will expire September 30, 2014. Please provide an option for collections in your RFP response.

10) The standard invoicing cycle consists of four invoices sent in 30 day intervals. Currently, accounts are forwarded to collections after 180 days.

11) Yes. Software and hardware will need to be supplied. Prefer cloud-based system that can be run on a tablet.

12) 111 total positions

Question from Digitech

- What is the name of the County's current billing service provider?
- How long have you used your current billing service provider?
- What is the fee for service being charged by your current billing service provider?
- What is the reason for going out to bid at this time?
- Is the County satisfied with its current vendor?
- For the past 3 most recent fiscal years, what was the total amount of **gross charges** (charges before contractual allowances) generated by the County for ambulance charges?
- For the past 3 most recent fiscal years, what was the total amount of **net charges** (charges after contractual allowances) generated by the County for ambulance charges?
- For the past 3 most recent fiscal years, what was the total amount of actual **cash reimbursement** realized by the County for ambulance transports?
- Please provide the "**charge mix**", i.e., the total dollar amount or percentage of charges that were **billed to** the following four main payer groups.
 - Medicare
 - Medicaid
 - Commercial insurance
 - Self-pay accounts
- Please provide the "**payer mix**", i.e., the total dollar amount or percentage of charges that were **received from** the following four main payer groups.
 - Medicare
 - Medicaid
 - Commercial insurance
 - Self-pay accounts
- Please provide a breakdown of transports into BLS, ALS1, ALS2, Specialty Care Transport (SCT), etc.
- Does the County utilize a "lockbox" for collections?
- What is the name of the ePCR system currently being used?
- Is the County interested in having vendors propose an alternative ePCR system?
- Does the County use a collection agency?
- What was the average loaded mileage per trip in the most recent year?
- The RFP requires vendors to provide a "GPS compatible AVL system." Does the County currently use such a system and if so, what is the name of it?
- What is the name of the CAD system with which the AVL system will interface?
- Into how many emergency vehicles would the County like this new AVL system installed?
- The RFP states that a vendor must list 3 FL clients. Will a vendor be declared non-responsive for having less than 3 FL clients?

Answers to Digitech

- 1) Advanced Data Processing, Inc. dba Intermedix
- 2) We entered into contract with Advanced Data Processing, Inc. on May 18, 1999.
- 3) 8.58 % which includes the use of toughbooks, Triptix software and technical support. For Medicaid claims we pay \$11.40 per claim filed. For Notice of Privacy Practices we currently pay \$1300 per month.
- 4) Contract expiring, May 18th 2014
- 5) The county is obligated to request proposals for services periodically.

6) Gross charges

FY 2011 \$11,901,831.17

FY 2012 \$11,757,682.90

FY 2013 \$12,721,973.78

7) Net Charges

FY 2011 7,222,709.00

FY 2012 7,354,879.54

FY 2013 7,598,519.01

8) Gross Collections

Net Collections

FY 2011 \$5,351,354.43

FY 2011 \$5,319,813.14

FY 2012 \$5,439,771.72

FY 2012 \$5,394,176.12

FY 2013 \$5,680,591.66

FY 2013 \$5,589,566.83

9) Charge Mix

| <u>FY 2011</u> | <u>FY 2012</u> | <u>FY 2013</u> |
|----------------|----------------|----------------|
| a. 50.87 % | a. 48.94 % | a. 50.50 % |
| b. 14.04 % | b. 14.40 % | b. 13.57 % |
| c. 16.02 % | c. 17.10 % | c. 17.54 % |
| d. 16.78 % | d. 17.30 % | d. 15.50 % |

10) Payer Mix

| <u>FY 2011</u> | <u>FY 2012</u> | <u>FY 2013</u> |
|----------------|----------------|----------------|
| a. 62.21 % | a. 59.74 % | a. 61.35% |
| b. 7.91 % | b. 7.98 % | b. 7.13% |
| c. 23.69 % | c. 26.06 % | c. 24.40% |
| d. 1.73 % | d. 1.99 % | d. 1.00% |

11) Transports Breakdown

| <u>FY 2011</u> | <u>FY 2012</u> | <u>FY 2013</u> |
|----------------|----------------|----------------|
| ALS 11,135 | ALS 12,395 | ALS 13,095 |
| ALS2 307 | ALS2 280 | ALS2 305 |
| BLS 7,204 | BLS 6,197 | ALS 4,954 |
| SCT 30 | SCT 48 | SCT 62 |

12) Yes.

13) Triptix

14) Yes.

15) Yes.

16) FY 2013, 10.4 Miles

17) No. AVL and GPS are not currently used.

18) VisionCAD through TriTech

19) 16

20) Please note change to RFP: To be eligible to respond to this RFP, the proposing firm must demonstrate that they, or the principals assigned to this project, have successfully completed services similar to those specified in the Scope of Services section of this RFP for at least three governmental entities ~~within the State of Florida~~ and are licensed, insured, bondable and Health Insurance Portability and Accountability Act (HIPPA) and **Emergency Medical Services Tracking & Reporting System (EMSTARS)** compliant in the State of Florida.

Questions from McKesson Corp.

1. In FY2012 and FY2013, what was your organization's transport payer mix (percentage) for **charges** as follows:
 - a. Medicare
 - b. Medicaid
 - c. Private Insurance
 - d. Self-Pay

2. In FY2012 and FY2013, what was your organization's transport payer mix (percentage) for **payments** as follows:
 - a. Medicare
 - b. Medicaid
 - c. Private Insurance
 - d. Self-Pay

3. What was your gross revenue from transports in FY2013?
4. What were your gross charges for transports in FY2012? FY2013?
5. What is the average loaded mileage distance within the area you cover?
6. Are all transport vehicles ALS-staffed?
7. What is your anticipated start date if a new vendor is selected?
8. How do you and/or the current vendor obtain patient demographic and insurance information?
9. Who is your current EMS billing vendor? What percentage of collected revenue does your current vendor charge you for services?
10. What are your primary transport hospitals? In FY2012, what percentage of all transports went to each hospital?
11. What is the name of the current EMS ePCR system that the County currently utilizes?

Answers to McKesson Corp.

1) Charge Mix

| <u>FY 2011</u> | <u>FY 2012</u> | <u>FY 2013</u> |
|----------------|----------------|----------------|
| a. 50.87 % | a. 48.94 % | a. 50.50 % |
| b. 14.04 % | b. 14.40 % | b. 13.57 % |
| c. 16.02 % | c. 17.10 % | c. 17.54 % |
| d. 16.78 % | d. 17.30 % | d. 15.50 % |

2) Payer Mix

| <u>FY 2011</u> | <u>FY 2012</u> | <u>FY 2013</u> |
|----------------|----------------|----------------|
| a. 62.21 % | a. 59.74 % | a. 61.35% |
| b. 7.91 % | b. 7.98 % | b. 7.13% |
| c. 23.69 % | c. 26.06 % | c. 24.40% |
| d. 1.73 % | d. 1.99 % | d. 1.00% |

3) \$5, 680, 591.66

4) FY 2012 \$11,757,682.90 FY 2013 \$12,721,973.78

5) FY 2013, 10.4 miles

6) No. We have two BLS Vehicles.

7) May 18, 2014

8) Hospital face sheets, linkage (repetitive patients), skip tracing, hospital connections, patient invoicing, outbound call campaigns, electronic eligibility searches, manual eligibility searches

9) Advanced Data Processing, Inc dba Intermedix. 8.58 % which includes use of toughbooks, Triptix software and technical support, we pay \$11.40 per Medicaid claim and \$1300 monthly for Notice of Privacy Practice mail outs.

10) Ft. Walton Beach Medical Center 44.15%, North Okaloosa Medical Center 20.18%, Twin Cities Hospital 7.97%, Sacred Heart Hospital-Emerald Coast 4.88%, Sacred Heart Hospital-Pensacola, Baptist Hospital 2.08%

11) Triptix



February 27, 2014

SUBJECT: QUESTIONS FOR RFP # EMS 23-14

Okaloosa County Purchasing Department
602-C North Pearl Street
Crestview, Florida 32536

1. This question is in reference to charges as referenced on Page 24-Section IV. Scope of Services of the RFP. In this section, the County provides a list of charges based on level of service. We have referenced the listed charges to applicable HCPCS codes below.
 - a. Please confirm that the County fee schedule below is correct.

| HCPCS CODE | DESCRIPTION | CURRENT CHARGES |
|------------|--|-----------------|
| AO428 | BLS Non-Emergency | ? |
| AO429 | BLS Emergency | \$800.00 |
| AO426 | ALS Level 1 Non-Emergency | ? |
| AO427 | ALS Level 1 Emergency | \$800.00 |
| AO433 | ALS Level 2 | \$800.00 |
| AO434 | Specialty Care Transport | \$800.00 |
| AO425 | Ground Mileage | \$15.00 |
| AO998 | Treat, No Transport | \$250.00 |
| | Ambulance Stand-By | \$200.00 |
| | Non-profit Organization Ambulance Standby | \$120.00 |
| | Quick Response Vehicle Standby (with 1 staff member) | \$100.00 |
| | EMT (No Vehicle) | \$75.00 |
| | Paramedic (No Vehicle) | \$100.00 |



- b. Also, the County lists a charge \$175.00 for "Non-Emergent Medical Transport Service." Please indicate if this charge is considered an AO428- BLS Non-Emergency, AO426 ALS Non-Emergency, or both?

- 2. For the last completed fiscal year, what was the total billable transport volume for each of the following levels of service:

| HPCPS CODE | DESCRIPTION | TOTAL VOLUME |
|------------|--|--------------|
| AO428 | BLS Non-Emergency | |
| AO429 | BLS Emergency | |
| AO426 | ALS Level 1 Non-Emergency | |
| AO427 | ALS Level 1 Emergency | |
| AO433 | ALS Level 2 | |
| AO434 | Specialty Care Transport | |
| AO425 | Ground Mileage | |
| AO998 | Treat, No Transport | |
| | Oxygen | |
| | Ambulance Stand-By | |
| | Non-profit Organization Ambulance Standby | |
| | Quick Response Vehicle Standby (with 1 staff member) | |
| | EMT (No Vehicle) | |
| | Paramedic (No Vehicle) | |

*If other, please list and explain below.

- 3. What was the total number of billable transports for the last completed fiscal year?



Technology, Service, Expertise

P.O. Box 2584, La Grange, GA 30241 1.800.342.5460

4. Of that amount, what was the total number of Medicaid claims processed for the last completed fiscal year?





5. For the last completed fiscal year, what amounts were billed/charged to each payer class:

| PAYER CLASS | AMOUNT BILLED/CHARGED |
|----------------------------------|-----------------------|
| Medicare | |
| Medicare HMO | |
| Medicaid | |
| Commercial Insurance (Primary) | |
| Commercial Insurance (Secondary) | |
| Tricare | |
| Auto Insurance | |
| Workers Comp | |
| Self-Pay/Private Pay | |
| Contracts | |
| Other | |

*If other, please list and explain below.

6. For the last completed fiscal year, what was the total cash collected by each payer class:

| PAYER CLASS | AMOUNT BILLED/CHARGED |
|----------------------------------|-----------------------|
| Medicare | |
| Medicare HMO | |
| Medicaid | |
| Commercial Insurance (Primary) | |
| Commercial Insurance (Secondary) | |
| Tricare | |
| Auto Insurance | |
| Workers Comp | |
| Self-Pay/Private Pay | |
| Contracts | |
| Other | |



*If other, please list and explain below.

7. For the last completed fiscal year, what amounts were written-off:

| CLASSIFICATION | AMOUNT APPLIED |
|--|----------------|
| Medicare Contractual Write-off | |
| Medicaid Contractual Write-off | |
| Commercial Insurance Contractual Write-off | |
| Discounts | |
| Charity | |
| Bad Debt/uncollectable | |
| Other | |

*If other, please list and explain below.

8. Does the Agency currently have in place any contracts (nursing homes, hospitals, military base, facilities, etc.)? If so, what are the rates and service agreements?

9. In regards to the County's current collection agency:

a. What is the name of the third party collection agency utilized by the County?

b. How long has the Agency contracted with this service?

c. What is the fee charged to provide these services?





- d. This question is in reference to page 26-Section IV. Scope of Services-Item 5 of the RFP. "The CONTRACTOR will continue to work with the collection agency to assist with the following:"

1. Information gathering

Please clarify as to what the County considers "information gathering."

2. Receive, post and forward payments received on accounts placed in collections

In the current environment, it is our understanding that the current billing vendor receives all payments direct and deposits into the County's bank account. Based on this request, we would assume that the current billing vendor also receives collection activity payments. Is this correct?

10. In regards to the current billing service vendor:

- a. What is the name of the current vendor?
- b. How long has the County contracted with the current billing service vendor?
- c. What are the current fees charged to the County to provide billing service?
- d. What are the current fees charged per Medicaid claim?
- e. Are there any additional services provided under this fee? If separate, please indicate the additional fees for services provided by the current vendor?
 - i. ePCR Software or other software- If yes, please indicate make, model, version, and quantity.
 - ii. Software maintenance or support
 - iii. Onsite software and documentation training





- iv. Hardware- If yes, please indicate make, model, and quantity
 - v. Credit card processing
 - vi. Other
-
- f. Please clarify how funds are currently received for services rendered? Are payments received direct to the County, lockbox, or current billing service vendor? Also, does the County currently have in place a lockbox?
 - g. Why has the County elected to put this project out for bid?
 - h. What would the County like to see improved from the current billing environment?
11. In regards to electronic patient care reporting "ePCR" software:
- a. What is the make and version of the current ePCR software?
 - b. What type of hardware (make, model, and quantity) is utilized for the ePCR software?
 - c. Is this hardware available for the crews in the field, or are they desktop units?
 - d. Does the County currently have in place internet access for the ambulances in the field for ePCR software? If so, what type of network is provided?
 - e. Is the ePCR software provided by the current billing service vendor?
 - i. If yes, is training and maintenance also included?
 - ii. If no, what are the expenses charged to the County for training and software maintenance/support?





- f. Would the County consider a proposal that included an option for an alternative ePCR software solution than what is currently in place? If yes, what are the requirements for the proposed solution?
 - i. Cardiac Monitor interface
 - ii. Dispatch Interface
 - iii. Other
- 12. In reference to page 25 number 1 item B "The CONTRACTOR shall provide a GPS compatible AVL system that supports fleet management and real-time information sharing between field units and dispatch."
 - g. Is the County interested in integrating a current GPS compatible AVL system already in place or is the County interested in the successful bidder providing a GPS compatible AVL system for the County?
 - h. Does the County have a similar system currently in place? If so, please provide information as to the current hardware, AVL system, and fleet management. Does the County intend to continue to utilize the current system in place?
 - i. What is total number of trucks Okaloosa County requires a GPS compatible AVL system?
 - j. What is the name and version of the CAD (Computer Automated Dispatch) system currently utilized by the County?



Subject: Response to RFP #23-14 Questions EMS Consultants

- 1) Below is the OCEMS Fee schedule with HCPC codes. This fee schedule was effective August 1, 2013.

| <u>Level of Service</u> | <u>HCPC</u> | <u>FEE</u> |
|---|-------------|------------|
| BLS Non-Emergency Base Rate | A0428 | \$800.00 |
| BLS Emergency Base Rate | A0429 | \$800.00 |
| ALS Emergency Mileage | A0425 | \$800.00 |
| ALS Non-Emergency Mileage | A0425 | \$ 15.00 |
| BLS Non-Emergency Mileage | A0425 | \$ 15.00 |
| BLS Emergency Mileage | A0425 | \$ 15.00 |
| SCT Emergency Base Rate | A0434 | \$800.00 |
| ALS1 Non-Emergency Base Rate | A0426 | \$800.00 |
| ALS1 Emergency Base Rate | A0427 | \$800.00 |
| ALS2 Base Rate | A0433 | \$800.00 |
| Treatment / No-Transport | A0998 | \$250.00 |
| Ambulance Standby | A0999 | \$200.00 |
| Non-profit Organization Standby | A0999 | \$120.00 |
| Quick Response Vehicle Standby | A0999 | \$100.00 |
| Non-Emergency Medical Transportation Service (Stretcher Van Service or SV) | A0130 | \$175.00 |
| Paramedic (No Vehicle) per hour | A0432 | \$100.00 |
| EMT (No Vehicle) per hour | A0999 | \$ 75.00 |
| Stretcher Van Mileage | A0425 | \$ 15.00 |

- 2) Billable transport volume by level of service in FY 2013.

| | | |
|------|-------|--------|
| ALS | 13095 | 69.52% |
| ALS2 | 305 | 1.62% |
| BLS | 4,954 | 26.30% |
| SCT | 62 | .33% |
| SV | 134 | .71% |
| TNT | 286 | 1.52% |

- 3) FY 2013 Total billable transports, 18,836

- 4) FY 2013 Total Medicaid claims, 2300

- 5) FY 2013 charge mix

| | |
|------------|----------------|
| Medicare | \$6,424,596.76 |
| Medicaid | \$1,726,371.84 |
| Commercial | \$2,231,434.20 |
| Self pay | \$1,971,905.94 |
| Other | \$ 367,665.04 |

6) FY 2013 payer mix

| | |
|------------|----------------|
| Medicare | \$3,429,381.71 |
| Medicaid | \$ 398,394.87 |
| Commercial | \$1,363,733.62 |
| Self pay | \$ 55,863.42 |
| Other | \$ 342,193.21 |

7) FY 2013 Write offs

| | |
|-------------|----------------|
| Contractual | \$5,123,454.77 |
|-------------|----------------|

8) One contract. Rates are the current ambulance rates plus mileage x 15 miles. All transports from the Destin Emergency Care Center are billed to Ft. Walton Beach Medical Center.

- 9) a. Professional Adjustment Corporation
b. Since October 2000
c. 20% of collections
d. 1. Gathering any information required by the collections agency regarding anything that occurred while the billing vendor worked the account.
2. No. We have a lockbox, all payments are received at the lockbox, and deposit and remittance information is forwarded to the billing vendor for posting. The collections vendor receives payments directly and deducts our 20% on collections prior to sending a statement of collections and payment for the collections received on a monthly basis. Any collections payments that are received at the lockbox are reported to the collection vendor for posting.
- 10) a. Advanced Data Processing, Inc. dba Intermedix
b. Since May 1999
c. 8.58% of net collections which includes toughbooks, ePCR software and technical support, \$11.40 per Medicaid claim filed, and \$1300 per month for Notice of Privacy Practice mailings.
d. \$11.40
e. i. Intermedix/Triptix
ii. yes.
iii. yes.
iv. Panasonic Toughbooks, CF-19, 18-20
v. yes. Through Moneris. Moneris takes their fees from the payments received.
f. We receive payments at a Lockbox. Yes, we have one currently in place.
g. Contract expires May 2014. The county is obligated to request proposals for services periodically.
h. Our overall net collections. Quality of customer service and follow up on accounts.
- 11) a. Intermedix/Triptix
b. Panasonic Toughbooks CF-19, 18-20, prefer ruggedized tablets
c. Yes, available in the field.
d. This service is provided by Intermedix.

- e. i. Yes. Yes.
- f. i. Yes.
 - ii. Yes.
 - iii. EMSTARS compliant
- 12) g. The County is interested in the successful bidder providing a GPS compatible AVL system.
- h. No system currently in place.
- i. 16
- j. VisionCAD through TricTech