



Cherokee County Board of Commissioners
Purchasing Department
1130 Bluffs Parkway, Canton, GA 30114
Phone: (678) 493-6000
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REQUEST FOR PROPOSALS

RFP# 2023-024 Emergency Medical Services Billing

THE PROJECT: The Cherokee County Board of Commissioners Purchasing Department (County) is requesting competitive sealed **proposals**, from qualified Service Providers to provide Emergency Medical Services Billing, meeting the specifications and as described herein.

There **will not** be a mandatory meeting to review the requirements.

All times in the solicitation are local times to Cherokee County, Georgia in the Eastern Time Zone.

This Request for Opportunity Description is one of two documents making up this solicitation. The second document is Cherokee County Standard Solicitation Terms and Conditions, which contains all the standard forms potentially required to accompany a submission. Both of these documents together constitute the entire solicitation at the time of issuance.

The County reserves the right to reject any or all bids/proposals, to waive technicalities and to make a selection and final award as deemed to be in the best interest of the County, including using any form of contract it deems most advantageous to the County.

SCHEDULE:

| | |
|------------------------|---------------------------------|
| Issued | April 26, 2023 |
| Questions Due* | May 12, 2023 by 4:00 PM |
| Answer Due | May 17, 2023 |
| Proposals Due* | May 26, 2023 at 10:00 AM |
| Optional Interviews* | June 19-23, 2023 |
| Anticipated Award Date | July 18, 2023 |

THE EXPECTED PERIOD OF PERFORMANCE:

The base period of performance is broken down into two areas; Physical Delivery of Product(s) and Service Delivery. This is a function of the Statement of Work (SOW) and/or specification and reflects if there is physical item or items to be delivered and / or delivery of services. An X in the box corresponding to item 1 below, Physical Delivery indicates a physical item or items are to be delivered and an X in the 2. Delivery of Services indicates that Services are to be performed. Either or both may apply to the work contemplated by this solicitation.

Additionally, should there be an X in the box corresponding item 3. Option Grant, then the County requests the right to extend the period of performance beyond the Base Rate as specified.

1. ☒ NO PHYSICAL ITEMS/GOODS ☐ PHYSICAL DELIVERY OF ITEMS/GOODS REQUIRED:

For Physical Delivery solicitations, the period of performance for an award shall begin with either the placement of Purchase Order or the date indicated on the Agreement. All items to be delivered are to be FOB Cherokee County at the address indicated in the solicitation. Performance shall be complete upon final acceptance by the County. Time is of the essence for the delivery of each item specified. Warranty requested as below:

☐ Warranty Term Requested: _____

2. ☐ No SERVICES REQUIRED ☒ PERFORMANCE OF SERVICES:

For Performance of Services solicitations, the period of performance shall begin with the placement of either a Purchase Order or the date of the Agreement unless the Agreement, the SOW or the Solicitation Terms indicate that performance shall begin upon the issuance of a Notice to Proceed (NTP), in which case the NTP would represent the beginning of performance. Term of services requested are as below:

Services Term:

- ☐ One Year
☐ Two Years
☒ Three Years
☒ Other: with the option to automatically renew for an additional two, one-year terms

3. ☐ OPTION GRANT:

This solicitation contains requested options; please see Statement of Work for details.

SUBMITTAL INSTRUCTIONS:

Interested Bidders/Proposers should carefully review the requirements defined herein and provide complete and accurate submissions that should include the following items (**only items indicated with an “X” in the corresponding boxes are required for this solicitation**):

- ☒ Information and Addenda Acknowledgement Form (Appendix A)
- ☒ Non-Influence and Non-Collusion Affidavit (Appendix B)
- ☒ E-Verify Affidavit (Appendix C)
- ☒ References* (Appendix D)
- ☒ Acceptance of County' Standard Agreement**, as below: (Appendix E)
 - ☒ Professional Services Agreement (Sample provided)
 - ☐ Construction Services Agreement (Sample Provided)
 - ☐ Other:
- ☒ Suspension, Debarment and Litigation Affidavit (Appendix F)
- ☐ SAM registration is required (Appendix F)
- ☐ Contractor's License Certification (Appendix G)
- ☐ Bonds Requirements **if the price bid > \$100K**
 - ☐ Ability to Provide Performance, Labor & Matl. Payment Bond (Appendix H)
 - ☐ Bid Bond (See Appendix I)
- ☒ Evidence of/ability to provide Insurance at the limits identified herein, ***
- ☒ Certifications, Licenses or Registrations as required by law and/or as requested
- ☐ Pricing on Proposer's Company Letterhead
- ☒ Pricing on included pricing sheet / bid form
- ☐ Contractor's Qualifications Statement (Appendix J)
- ☐ Added Terms to Construction Service Agreement (Attachment)
- ☐ Substitutions Proposed: See Instructions Standard Solicitation Terms****, Item 9
- ☒ Any other requirements as requested under the scope of work

Notes:

*The County reserves the right to contact not only those references provided, but may also use previous performance for the County, other contacts it identifies and other sources of information believed to be viable to evaluate capability, viability and performance.

**If Acceptance of County's Standard Agreement is checked, all work/items defined herein are to be quoted according to these requirements. Copies of these agreements can be located at the County's Procurement web page.

***Insurance levels requested are those identified in the County's Standard Agreement, section "I."

****Standard Solicitation Terms Refer to Cherokee County Standard Solicitation Terms and Conditions

EVALUATION CRITERIA:

Bids/Proposals that contain options or additive work above and beyond the base bid will be evaluated financially according to the criteria described in the solicitation. However, should the use of options or additive work proposed exceed the County budget, the County retains its rights to address such situations as described in its Standard Terms for Bid and Proposal Solicitation as well as the right to award based on the base bid only or the base bid plus quoted additive work that is within its budget.

☐ Bids determined to be Responsive and Responsible will be ranked based Bid Form Criteria.

OR

☒ Proposals determined to be Responsive and Responsible will be evaluated on the following criteria:

40% Price – based on percentage of net collections, and any other associated costs/fees.

60% Technical – including at a minimum: project approach, company’s experience in industry, dedicated team proposed for CCFES, demonstrated ability to collect Medicare, Medicaid, commercial insurance, and private/self-pay claims, demonstrated ability to generate accurate and timely reports, implementation strategy and training proposed, unique attributes of company, and any other relevant information provided. References – including past experience working with CCFES (if applicable).

100% Total

Should interviews be necessary, and additional 50 points will be available for interviews. CCFESS will complete the initial evaluation and scoring of all responsive and responsible proposals, and the top 3 scoring companies will be contacted for the interview process. Additional information will be provided, in the event interviews are deemed necessary.

References may be contacted should the evaluation team deem them necessary.

Proposals will be scored on the above evaluation criteria. Failure to provide information necessary to evaluate proposal, may result in a lower scoring proposal.

The County reserves the right to reject the bid of any vendor who has previously failed to perform properly or complete on time contracts of a similar nature, or who upon investigation shows is not in a position to perform the contract.

HOW AND WHERE TO SUBMIT BIDS AND PROPOSALS:

The County has two methods for receiving bids and proposals that are mutually exclusive; either electronically or by physical receipt. The box with the "X" below indicates how and where bids or proposals are to be submitted. The County will NOT accept proposals by fax, or e-mail unless authorized, in writing, by the Procurement Director. The solicitation submission deadline will be strictly enforced; no late bids/proposals will be accepted for any reason, please plan accordingly.

A. Electronic Submissions Only:

☒ Bids and Proposals are to be submitted electronically ONLY to BidNet Direct. Physical copies are not to be submitted unless approved in advance by the Purchasing Director.

Proposals and all requested documentation to be provided electronically should in the Adobe Portable Document Format (PDF) as ONE file unless otherwise indicated in these solicitation instructions. Documents provided in response to this solicitation are to be named according to the following naming convention:

- a. [Solicitation Number] _ [Vendor Name] _ [Document Type]
Example: "2017-111_ABC Company_Proposal"

QUESTIONS/ADDENDA:

Only written inquiries will be permitted during the solicitation period. **Questions are to be submitted via BidNet Direct** for this solicitation no later than the date and time indicated in the Schedule, as may be amended. Answers will be posted via formal Addendum and only released as part of the solicitation documents on BidNet Direct. All interested parties are instructed to monitor BidNet Direct on a regular basis throughout the solicitation period. The final date for posting of Addenda is per the Schedule, as may be amended.

STATEMENT OF WORK AND / OR SPECIFICATION LOCATED ON THE NEXT PAGE

STATEMENT OF WORK AND / OR SPECIFICATION:**Overview**

Cherokee County Fire & Emergency Services (CCFES) is requesting proposals from qualified vendors to provide EMS Billing Services. CCFES provides an emergency-only EMS service that operates under licenses for ALS Ground Ambulances and Medical First Response units. CCFES is seeking a qualified vendor to represent the agency through all phases of billing and payor financial interaction including but not limited to ambulance billing, payment collection, financial reporting, and analytical services related to EMS transport billing. In 2022, CCFES had 14,380 transports, of which, 55% were billed through Medicare, 20% through private pay, 18% through commercial insurance and 7% through Medicaid. Cherokee County EMS is funded predominantly through taxpayer revenue and through ambulance transports, therefore, only well-established and knowledgeable medical billing organizations that provide EMS billing will be considered.

CCFES is seeking a company that has the ability to generate and manage billing for ambulance services for organizations that respond to 15,000 – 20,000 billable runs annually. Vendors should have vast experience in the state of Georgia with Medicare, Medicaid, commercial insurance and all other aspects of EMS billing. CCFES currently has one provider for EMS billing services and collections. Vendor shall also process billing and obtain payments accurately and quickly.

- Currently, CCFES does not bill for service where no transport occurs.
- Currently, CCFES has 16 ambulances in service 24/7/365 with 2 additional ambulances that operate Monday – Friday 8:00AM – 6:00PM.
- No contracts exist between CCFES and commercial insurances or medical facilities.
- CCFES will be issuing a separate RFP for the collection of unpaid claims.

Scope of Work

This section outlines the minimum contract requirements for ambulance billing, collection, financial reporting, technical requirements, and analytical services. The minimal requirements are described below, however, CCFES is open to alternatives so long as they meet the needs of the agency.

Section 1 – General

- A. Every aspect of the vendor's business; including but not limited to billing, reporting, technology, compliance, customer service, client service shall be performed within the continental United States of America. In no case shall any of the services provided to the County as part of this contract be performed outside of the continental United States. Violation of this condition shall result in the immediate termination of the contract. While CCFES prefers a Georgia based company, companies operating outside of the state of Georgia will be considered. Based on feedback received from patients, the patients prefer to call a local number in the same time zone.

- B. The vendor shall maintain a staff of certified ambulance coders. Certification should be through the National Academy of Ambulance Coders (NAAC).
- C. At the beginning of the contract, the vendor will be expected to meet with CCFES to go over the implementation and transition process, performance of the current account's receivables, identifying outstanding issues, and discuss any strengths, weaknesses, and opportunities for improved performance.
- D. The current EMS billing provider receives all payments from Medicare, Medicaid, commercial insurance, etc. either via check or EFT. Checks are then deposited into a Cherokee County bank account that is monitored and maintained by the current EMS billing provider. CCFES receives the monthly bank statements directly from the bank and reports from the current EMS provider. CCFES is open to other banking options whether it be receiving and depositing checks and then providing the remittance information to the EMS billing provider to document the account, or whatever other viable option that may be presented by the vendor.

Section 2 – Billing, Payment and Claim Processing

- A. Upon award of the contract, CCFES and the awarded vendor will determine a start-up date.
- B. Vendor shall monitor file transfer and notify the County within one (1) business day of any file transfer failures.
- C. The vendor will receive on, at least, a daily basis the electronic billing data and other related billing information by way of an encrypted FTP file or batch filing process. The vendor will be responsible for providing the appropriate software that will be compatible to interface with CCFES' ePCR vendor (Currently Zoll ePCR).
- D. Vendor must utilize NAAC certified medical coders in its processes.
- E. Vendor will be responsible for reviewing each Patient Care Report (PCR) for content and accuracy. PCRs with discrepancies shall be returned to CCFES for clarification or correction prior to submission for reimbursement.
- F. Vendor must have the ability to verify insurance eligibility utilizing available software and commercial databases prior to submission of any claim for reimbursement.
- G. Vendor shall demonstrate the ability to designate billing processes per payor. (Ex: Cherokee County Workman's Compensation claims are not paid)

- H. Vendor shall prepare invoices according to the rates, guidelines, and procedures established by the County as well as meet all applicable laws and regulations including those for Medicare and Medicaid. All write-offs (either partial or total) shall be authorized by the County in writing prior to removing any outstanding balance. CCFES may elect to set a monetary or conditional threshold of accounts that may be written off without advanced written approval.
- I. Electronic filing is the preferred method of filing claims.
- J. Vendor will be responsible for obtaining missing patient demographics.
- K. Vendor will be responsible for evaluating and addressing outstanding accounts receivable from previous years.
- L. Vendor must be able to process credit card payments without assessing the County any fees. (Fees may be added to the consumer payment side).
- M. Vendor must reliably submit claims within seventy-two (72) hours of receipt of the final digital file.
- N. Vendor shall notify CCFES monthly, in writing, of claims submitted greater than seventy-two (72) hours after receipt and provide an explanation for the late filing.
- O. All digital processes involving protected health information (PHI) shall be HIPAA compliant and meet all State and Federal privacy, security, and transaction coding requirements.
- P. It will be the responsibility of the vendor to maintain, process and distribute all HIPAA and NPP documents.
- Q. The vendor shall allow, with a seven (7) day notice, CCFES to conduct a complete on-site financial/process review audit.
- R. The vendor shall participate in the County's annual fiscal year audit.
- S. The vendor shall maintain and demonstrate acceptable internal audit processes and standards.
- T. The vendor shall conduct an 18-month retrospective analysis of billables to determine if any additional monies may be captured at the time of award and then annually thereafter.
- U. All invoices shall be billed in compliance with the Fair Debt Collection Practices Act.

- V. The vendor shall process all claims according to timelines agreed upon between the payor, CCFES and the vendor. The claims shall be divided into multiple revenue categories: Medicare, Medicaid, Commercial Insurance, Auto Insurance, Worker's Compensation and Patient Pay.
- W. Claims shall be appropriately re-categorized after receiving payment from the primary payer. All denials shall be processed within three (3) business days or receipt.
- X. Currently the contracted EMS billing provider is also responsible for collections. CCFES is open to having a separate contract with a collection agency.

Section 3 – Patient/ Payor/ Client Management and General Requirement

- A. All patient complaints concerning services rendered must be referred to the designated representative at CCFES immediately.
- B. The vendor shall provide patient customer support, at no cost, during normal business hours, Monday – Friday 8:00AM – 5:00PM Eastern Standard Time.
- C. The vendor shall have a designated team to provide support to CCFES at no cost, during normal business hours and maintain a process for emergency notification after hours.
- D. The vendor's telephone system must accept voicemail messages.
- E. The vendor shall attempt, and be able to show documentation of the attempt, to contact all clients within one (1) business day after initial contact from said client.
- F. The vendor shall provide to CCFES real-time access to patient account status, filing dates, and insurance payment data via an online portal.
- G. The vendor shall partner with CCFES to provide documentation training as necessary. Training may include sessions for any group or individual, at no cost. Training may be requested when there are updates to Medicare and Medicaid Services (CMS updates rules/regulations) or any other circumstance where training would benefit CCFES. The vendor must provide sufficient HIPAA compliance training to relevant CCFES employees when requested or as needed.
- H. The vendor shall be required to provide analysis and expertise in all issues related to ambulance billing. The analysis shall include recommendations, trends, and other issues that are found during PCR review.

- I. There shall be regular meetings (quarterly) between the vendor and CCFES to review the EMS billing services being provided and to discuss reimbursement performance. Information shared in the meeting shall include reimbursement success rates per payor, payor mix trends, ongoing deficiencies or weaknesses in documentation, revenue trends, recommendations to increase revenue, etc.
- J. The vendor shall pre-screen all claims to confirm compliance with guarantors' guidelines. (i.e. physician certification statements, assignment of benefit signature forms, medical necessity documentation) to prevent claims being unnecessarily denied.
- K. The vendor must treat all debtors fairly and with professionalism, honesty, courtesy and integrity while obtaining the maximum results. CCFES will be the final arbitrator of disputes between the successful vendor and customers. CCFES's decision shall be final. CCFES prefers, but not required for purposes of submitting a proposal, that the vendor have the capability to record all incoming phone calls and be able to produce audio files to CCFES when requested.
- L. The Vendor should act as the advocate for the client with Medicare, Medicaid and private insurance in an endeavor to optimize payment on behalf of the client.
- M. CCFES may reserve the right to hold off on any write-offs that are waiting for insurance payments or in the case that a patient is making monthly payments.

Section 4 – Accounting and Reporting

- A. Accounting for all billing must be in accordance with Generally Accepted Accounting Principles (GAAP).
- B. Vendor must have the capability to generate and provide various reports to CCFES daily, weekly, monthly, quarterly, annually, and/or upon request. During the implementation process, the vendor shall meet with CCFES and provide them with a list of important reports and discuss the use for each suggested report and how to read each report. The vendor and CCFES will determine the most useful reports and those shall be provided daily, monthly, quarterly, annually, etc.
- C. Monthly reports and all supporting documentation shall be submitted to CCFES within ten (10) business days after the end of the month.
- D. Reports should be submitted electronically either via email or secure server. Reports should be provided in MS Excel or Word preferably, but PDF may be accepted as required or when requested.

- E. Additional reports may be requested on an “as needed” basis with an expected development time of not-to-exceed five (5) business days unless otherwise agreed to by CCFES in writing.
- F. Reports may require modification periodically on specific issues or other needs that may arise. Any report modification requests shall be the responsibility of the vendor and shall be updated in a timely manner.
- G. Reports should be available on demand and online wherever possible.
- H. Detailed below are reports required by CCFES to monitor the billing and collections process. This list is not all-inclusive but should serve as a reference point for the types of reports that CCFES may request.
 - Any report requested on an “as needed” basis that would be useful to CCFES in monitoring, auditing, and evaluating the County’s ambulance service and/or accounts receivable process.
 - Daily reports indicating claims received and processed by date of service.
 - Monthly report indicating claims backlog, and claims payments.
 - Monthly and annual Date of Service performance monitoring and account reconciliation.
 - Account analysis, sorted by month, of all client accounts.
 - Account analysis by month sorted by payor.
 - Aging report by Current Payor and Aging Category (Accounting Period Based).
 - Accounts Receivables Reconciliation Report (Accounting Period Based).
 - All necessary reports to enable the County to confirm each claim is received, billed, and collected.
 - Year-end Accounts Receivable Report.
 - Collection and error rate of bills submitted, sorted by medic. This report should be available on demand and have the ability to drill down to the PCR author and not the crew.

- Revenue report showing all transports billed. At a minimum, the report shall include the date of transport or service, incident number, patient name, ICD code, and gross charges.
- Outstanding aged accounts receivable report sorted by payor including a total outstanding aged report. The report shall show four (4) categories of outstanding accounts: 30, 60, 90 and greater than 120 days outstanding. The report shall show the last day of activity on the account. The report shall break down the categories into the current financial class of the account (where the next dollar payment is expected from).
- A monthly listing of all refund requests processed for the month.
- A monthly listing of claims excluded or not meeting the definition of any Medicare benefit.
- Monthly listing of all claims “written off” (either partially or completely).
- Monthly listing of all claims deemed not eligible for submission to payor.

Section 5 – Technology

- A. Upon award of the contract, the vendor shall evaluate the current data collection configuration of CCFES and shall be responsible to make recommendations to CCFES any reconfiguration that might be required to assure minimal interruption of the data stream.
- B. The vendor shall currently have, or obtain, and maintain a software interface with the County’s EMS ePCR vendor (Currently Zoll ePCR) and must demonstrate successful data transfer to the respondent’s billing software.
- C. The County is currently considering other ePCR software and reserves the right to change software providers during the term of the contract.
- D. Vendor shall provide all necessary software associated with the billing and collections process and must provide the required interface with CCFES’s ePCR system.
- E. Vendor will retain records according to the agreed upon record retention plan (minimum storage time is 7 years).
- F. At the end of the contract period, all data that has been provided to the contractor and all claims and collections history will be transferred to the County in the form of SQL tables with such Crystal reports as deemed appropriate by the County.

- G. The vendor will provide a system that will ensure complete and uninterrupted flow of service via backup systems and a Data Recovery Project Plan/System should a disaster occur.

Submittal Documents

All required and requested information should be presented in a clear and organized format.

Section 1 – Executive Summary

- A. Provide a brief history of your company and include the length of time your company has been providing EMS Transport Billing Services. Highlight any features or areas that differentiate your services and products from competitors.
- B. Submit a brief overview of the key elements of your proposal that describes your Firm's understanding of the RFP and how it intends to meet the stated requirements. Include any concerns regarding scheduling, concepts, or expectations.
- C. Include your Firm's specific abilities and expertise to provide the required professional services and qualifications related to the proposal requirements.
- D. Provide a detailed summary of how your company will handle the billing for CCFES. Indicate who will be responsible for depositing checks, reconciling the monthly bank statement, providing refunds, etc. If this will be the responsibility of CCFES, indicate how many staff members and hours per day CCFES should be expected to dedicate to this responsibility.
- E. Describe the average percentage of billed claims that your company expects to collect for each major payor category, provide examples and methodology that supports your claim.
- F. Completed statement of work compliance worksheet as provided in Form A provided herein. Each section and letter of the work compliance worksheet corresponds to the above scope of work.

Section 2 - Company Profile

- A. Indicate the contractual entity to be held responsible for performance of all aspects of this contract. Provide the legal name of your company and if doing business under some name other than that, by which the company is commonly recognized. If the company is owned or controlled by a parent organization, proposers are requested to provide the name of that organization, its address and the name and title of the person responsible for your business unit.
- B. Provide the location(s) of your offices and the number of employees.

- C. Provide a count of current customers, the total number of bills process by payee type (Medicare, Medicaid, Private Insurance, Individual,) the total number of bills by payee type paid and the total percentage of the billing amounts recovered.
- D. Provide at least five of your accounts that are most similar in size and nature to Cherokee County Fire & Emergency Services. State whether they are a current client, or past, the dates under contract and similarities to CCFES. List the services your company provides for each similar client, and billable data for a period of 1 year (number of transports billed, payor mix, average number of days to bill for a transport, collection rate, etc.).
- E. Identify key personnel proposed as project team members. Provide a list of their qualifications, length at your company, length in the same profession, relevant certifications, and any other relevant information.
- F. Provide company strategy for recruiting and maintaining qualified staffing.

Section 3 – References

- A. Provide references for at least five (5) clients for which your firm has provided similar services. Please include current contact information (name, address, telephone and email address) for each reference.

Section 4 – Approach

- A. Provide a description of your company's solution to be offered as per the Scope of Work section in this RFP. Include samples of requested reports.
- B. Include a list of all products and services being proposed.
- C. Provide in detail the billing system and billing processes utilized as well as the identity of the software utilized and whether it is third-party or proprietary.
- D. Describe and discuss your company's compliance program and how the program meets or exceeds the requirements of CMS and HIPAA.
- E. Describe any services provided by your company that are not covered by the RFP, but would assist CCFES in enhancing its cash collections, processes, and overall services to the citizens of Cherokee County.

- F. Describe the banking process – are payments sent to your company or directly to CCFES? Who is responsible for the daily deposits, etc.?
- G. Describe the process for evaluating and addressing outstanding accounts receivable from previous years.
- H. Describe how unpaid claims are handled and how your company works with collection agencies. If your company provides collection services, describe that process and how conflicts of interest are avoided.
- I. State if there are any ePCR software companies that your system is not compatible with.

Section 5 - Implementation and Training

- A. Elaborate on your firm's implementation process and the approximate time frame for a successful transition.
- B. Provide a detailed and realistic schedule with completion dates for services or project installation connected with the performance of this project.
- C. Describe your system's testing procedure and how you will ensure that the system is working properly.
- D. Describe the type of training that will be provided.
- E. Provide detailed information on your company's customer support program.
- F. List what will be needed from CCFES' current billing company in order to ensure a smooth transition.
- G. Address any concerns that you may have or obstacles that will need to be overcome in order to have a successful transition.

END OF STATEMENT OF WORK/SPECIFICATION

RFP#

PRICING FORM

Pricing Proposal

Percentage of net collections to be paid to vendor by Cherokee County Fire & Emergency Services:

Based on the data below, provide the total estimated gross and net collections your company determined would be collected based on the following assumptions:

Cherokee County Rates:

| Transport Type | Rate |
|-----------------------|-------------|
| ALS1 Emergency | \$600.00 |
| ALS2 Emergency | \$650.00 |
| BLS Emergency | \$500.00 |
| Mileage | \$11.00 |

**Please note that effective June 1, 2023, CCFES will implement its first rate increase since 2013 and the below rates will go into effect:

| Transport Type | Rate |
|-----------------------|-------------|
| ALS1 Emergency | \$900.00 |
| ALS2 Emergency | \$1,500.00 |
| BLS Emergency | \$800.00 |
| Mileage | \$15.00 |

For purposes of completing the pricing section, all prices should be based off the current rates listed above. If possible, please also provide an analysis using the rates that will go into place June 1, 2023. All data provided and revenue totals are based on the current rates.

Call types and payor mix:

| Type | Total Calls | Medicare | Commercial | Private | Medicaid |
|-----------------------|-------------|----------|------------|---------|----------|
| ALS1 Emergency | 9,292 | 5,111 | 1,673 | 1,858 | 650 |
| ALS2 Emergency | 232 | 128 | 42 | 46 | 16 |
| BLS Emergency | 4,856 | 2,671 | 874 | 971 | 340 |
| Mileage | 162,263 | 89,245 | 29,207 | 32,453 | 11,358 |

Total Gross Collections (before mandatory adjustments and write-offs): _____

Total Net Collections (including your company's fee): _____

Please provide your methodology for determining the estimated gross and net collections: _____

Please provide any other fees associated with your company's management of CCFES' EMS billing:

What is the percentage of collections you expect to collect for the following payor types (for example, do you expect to collect 100% of all commercial insurance claims billed?):

| Category | Percentage Expected to Collect |
|----------------------|--------------------------------|
| Medicare | |
| Medicaid | |
| Commercial Insurance | |
| Private Pay | |

Will the successful vendor assume responsibility for any backlog of unbilled and/or previously billed accounts? If so, explain the process and list any fees associated with the handling of unbilled and/or previously billed but unpaid accounts.

Compliance Worksheet Form A

Company Name : _____

** Refer to Section 1 letter F of the Submittal Documents for Instructions.

| Reference | Requested Information | Compliance | | | Description/Details |
|-----------|--|--------------------------|--------------------------|--------------------------|---------------------|
| Section 1 | General | Yes | No | Could Be | |
| A | Within the continental United States of America. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B | Certified Ambulance Coders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C | Initial Meeting with CCFES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D | Payment Methods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Section 2 | Billing, Payment and Claim Processing | Yes | No | Could Be | Description/Details |
|-----------|--|--------------------------|--------------------------|--------------------------|---------------------|
| A | Determined start up date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B | File transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C | Encrypted FTP files or batch filing process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D | NAAC coders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| E | Patient Care Report accuracy and content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| F | Insurance verification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| G | Billing processes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| H | Invoices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| I | Electronic filing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| J | Missing demographics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| K | Past account receivables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| L | Credit card payments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| M | 72 hour claim submittal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| N | Notification of late claim submittal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| O | PHI Compliance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| P | Distribute all HIPAA and NPP documents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Q | Complete on-site financial/process review audit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R | Participate in the County's annual fiscal year audit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| S | Internal audit processes and standards. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| T | 18-month retrospective analysis of billables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| U | Compliance with the Fair Debt Collection Practices Act | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| V | Complacence with timely filing of claims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| W | Denials processed within 3 business days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| X | Collections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Section 3 | Patient/ Payor/ Client Management and General Requirement | Yes | No | Could Be | Description/Details |
|-----------|---|--------------------------|--------------------------|--------------------------|---------------------|
| A | Patient complaints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B | Patient customer support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C | Designated team to provide support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D | Voicemail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| E | Attempts to Contact Clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| F | Real-Time Access to patient accounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| G | Provide documentation training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| H | Provide analysis and expertise in all issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| I | Quarterly meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| J | Provide clean claims | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| K | Treatment of debtors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| L | Advocate for the client | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| M | Write-offs County Decision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Section 4 | Accounting and Reporting | Yes | No | Could Be | Description/Details |
|-----------|---|--------------------------|--------------------------|--------------------------|---------------------|
| A | GAAP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B | Generate various reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C | Monthly reports with supporting documents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D | Electronically submitted forms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| E | As needed reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| F | Report modification requests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| G | On Demand Reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| H | Monitor billing and collections process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Section 5 | Technology | Yes | No | Could Be | Description/Details |
|-----------|---|--------------------------|--------------------------|--------------------------|---------------------|
| A | Current Data Collection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B | Zoll ePCR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C | Right to change software | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D | Vendor provided software associated with Billing and Colloections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| E | Record retention 7 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| F | End of Contract Data transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| G | Data Recovery back up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |