

*Fayette*  
COUNTY

"WHERE QUALITY  
IS A LIFESTYLE"

**PURCHASING DEPARTMENT**  
140 STONEWALL AVENUE WEST, STE 204  
FAYETTEVILLE, GEORGIA 30214  
PHONE: 770-305-5420  
www.fayettecountyga.gov

May 25, 2017

**Subject: Request for Proposals #1324-P: EMS Billing Services**

Gentlemen/Ladies:

Fayette County, Georgia is soliciting proposals for EMS Billing Services, in accordance with the specifications and information contained herein. All required information shall be included with your submitted proposal. The term of this agreement shall begin on the effective date as set forth on the agreement page of the contract, and continue through June 30, 2018. Thereafter, this agreement will be renewed automatically for two additional one-year renewal terms as listed in the General Terms and Condition.

All questions and inquiries concerning this request for proposals or the specifications shall be addressed in writing to Trina Barwicks, Contract Administrator of Purchasing, in writing to, email address: [tbarwicks@fayettecountyga.gov](mailto:tbarwicks@fayettecountyga.gov) or fax to (770) 719-5515, Monday through Friday excluding holidays from 8:00 a.m. to 5:00 p.m. The telephone number is (770) 305-5420. Any deviations from this procedure for questions or information pertaining to this request for proposal may result in your proposal being rejected.

All prices shall be F.O.B. Destination, Fayette County. Be sure to include the **proposal number** and **reference** along with your company's name and address on the **sealed** envelope in which the proposal is returned.

**PROPOSAL MUST BE SUBMITTED TO:**  
FAYETTE COUNTY PURCHASING DEPARTMENT  
140 STONEWALL AVENUE WEST, SUITE 204  
FAYETTEVILLE, GEORGIA 30214  
**PROPOSAL #1324-P**  
**REFERENCE: EMS BILLING SERVICES**

Proposals will be received at the above address until 3:00pm, Tuesday June 13, 2017 in the Purchasing Department, Suite 204. Proposals will be opened at approximately 3:00pm, Tuesday, June 13, 2017 and the names of the companies that responded will be read. Proposals must be signed to be considered. Late proposals will not be considered. Faxed/Emailed proposals will not be considered.

If this request for proposal is downloaded from our web site, it is the responsibility of the individual or company that downloads this request for proposal to continue to check the Fayette County web site for any addenda that might come out for this request for proposal and are posted on the Fayette County web site. Fayette County shall not be responsible for any information that any individual or company fails to get in an addendum that is posted on the Fayette County web site but is not downloaded. However, if the Fayette County Purchasing Department mails the request for proposal to a company or individual, we will keep a record of who we mailed that request for proposal to and all addenda for that request for proposal will also be mailed to those companies or individuals.

\*\*\*\*\*

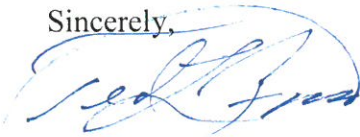
**Note: The name of the companies that respond to this request for proposals will be posted on the Fayette County website within 3 business days after the proposal opening.**

**There is no set time for an award to be made, as the proposals have to be evaluated. If an award is not made within 60 days of the proposal opening, an update will be posted on the Fayette County website.**

**If this proposal is awarded; once everything has been received by the successful company and the award is completed, that information will be posted on the Fayette County website. Please keep this procedure in mind.**

\*\*\*\*\*

Sincerely,



Ted L. Burgess  
Director of Purchasing

TLB/tcb

Attachment

**GENERAL TERMS AND CONDITIONS**  
**RFP #1324-P: EMS BILLING SERVICES**

1. **Definitions:** The term "contractor" as used herein and elsewhere in these Terms and Conditions shall be used synonymously with the term "successful offeror." The term "county" shall mean Fayette County, Georgia.
2. **Preparation of Offers:** It shall be the responsibility of the offeror to examine specifications, scope of work, schedule and all instructions that are part of this request for proposal. Failure to observe any of the instructions or conditions in this request for proposal may result in rejection of the offer.

All of the specifications and information contained in this request for proposal, unless specifically excepted in writing by the offeror and such exceptions being included with the offer, will form the basis of the contract between the successful offeror and the county. The offeror should take care to answer all questions and provide all requested information.

3. **Submission of Offers:** Offerors must submit their proposal, along with any amendments issued by the county, in a sealed opaque envelope with the following information written on the outside of the envelope:
  - a. The offeror's company name,
  - b. The Request For Proposals (RFP) number, which is *1324-P*.
  - c. The "reference" which identifies the proposal, which is *EMS Billing Services*.

Mail or deliver one (1) unbound original proposal (paperclip or binder clip acceptable, no staples), signed in ink by a company official authorized to make a legal and binding offer, and a copy on one (1) flash drive, to:

Fayette County Government  
Purchasing Department  
140 Stonewall Avenue West, Suite 204  
Fayetteville, GA 30214

Attention: Contracts Administrator

4. **Timely Receipt:** Offers not received by the time and date of the scheduled proposal opening will not be considered, unless the delay is a result of action or inaction of the county.
5. **Open Offer:** The offer, once submitted and opened, shall remain open for acceptance for a period of at least ninety days from the date of the opening unless this time-frame is specifically excepted to in your offer.
6. **Corrections or Withdrawals:** The offeror may correct a mistake, or withdraw a proposal before the proposal opening date by sending written notification to the Director of Purchasing. Proposals may be withdrawn after the opening only with written authorization from the Director of Purchasing.

The county reserves the right to waive any defect or irregularity in any proposal received.

In case of discrepancy between the unit price and the extended or total price, the unit price shall prevail.

7. **Trade Secrets – Confidentiality:** If any person or entity submits a bid or proposal that contains trade secrets, an affidavit shall be included with the bid or proposal. The affidavit shall declare the specific included information which constitutes trade secrets. Any trade secrets must be either (1) placed in a separate envelope, clearly identified and marked as such, or (2) at a minimum, marked in the affidavit or an attached document explaining exactly where such information is, and otherwise marked, highlighted, or made plainly visible. See Georgia law at O.C.G.A. § 50-18-72 (A)(34).
8. **Ethics – Disclosure of Relationships:** Before a proposed contract in excess of \$10,000.00 is recommended for award to the Board of Commissioners or the County Administrator, or before the County renews, extends, or otherwise modifies a contract after it has been awarded, the contractor must disclose certain relationships with any County Commissioner or County Official, or their spouse, mother, father, grandparent, brother, sister, son or daughter related by blood, adoption, or marriage (including in-laws). A relationship that must be reported exists if any of these individuals is a director, officer, partner, or employee, or has a substantial financial interest in the business, as described in Fayette County Ordinance Chapter 2, Article IV, Division 3 (Code of Ethics).

If such relationship exists between your company and any individual mentioned above, relevant information must be presented in the form of a written letter to the Director of Purchasing. You must include the letter with any bid, proposal, or price quote you submit to the Purchasing Department.

In the event that a contractor fails to comply with this requirement, the County will take action as appropriate to the situation, which may include actions up to and including rejection of the bid or offer, cancellation of the contract in question, or debarment or suspension from award of a County contract for a period of up to three years.

9. **Evaluation of Offers:** The evaluation of offers and the determination as to acceptability of services offered shall be the responsibility of the county. Accordingly, to insure that sufficient information is available, the offeror may be required to submit literature, samples, or other information prior to award. The county reserves the right to obtain clarification or additional information from any firm regarding its proposal. The county reserves the right to select a responsive, responsible firm on the basis of best value that is deemed to be most advantageous to the owners. The county further reserves the right to reject any proposal, or all proposals, and to re-release the request for proposals.
10. **Non-Collusion:** By responding to this request for proposals, the offeror shall be deemed to have represented and warranted that the proposal is not made in connection with any other offeror submitting a separate response to this request for proposals, and is in all respects fair and without collusion or fraud.
11. **Ability To Perform:** The offeror may be required, upon request, to provide to the satisfaction of the county that he/she has the skill, experience and the necessary facilities, as well as sufficient financial and human resources, to perform the contract in a satisfactory manner and within the required time. If the available evidence is not satisfactory to the county, the county may reject the offer.
12. **Notice to Proceed:** The County shall not be liable for payment of any work done or any costs incurred by any offeror prior to the county issuing a written notice to proceed.
13. **Term of Contract:** The term of this agreement shall begin upon issuance of a Notice to Proceed, and continue for a period of three (3) years, ending June 30, 2020. Thereafter, this agreement may be renewed by the county for two additional one-year renewal terms (each a “Renewal Term” and together with the Initial Term, the “Term”), which renewal will be by letter or other

written correspondence from the county to the contractor ninety (90) days prior to expiration of the Initial Term or the then-current Renewal Term. If the county fails to provide notice of renewal, this Agreement will terminate at the end of the Initial Term or the then-current Renewal Term. This agreement is subject to the multi-year contractual provisions of O.C.G.A. 36-60-13(a).

14. **Unavailability of Funds:** This contract will terminate immediately and absolutely at such time as appropriated and otherwise unobligated funds are no longer available to satisfy the obligations of the county under the contract.
15. **Severability:** The invalidity of one or more of the phrases, sentences, clauses or sections contained in the contract shall not affect the validity of the remaining portion of the contract. If any provision of the contract is held to be unenforceable, then both parties shall be relieved of all obligations arising under such provision to the extent that the provision is unenforceable. In such case, the contract shall be deemed amended to the extent necessary to make it enforceable while preserving its intent.
16. **Indemnification:** The contractor shall defend, indemnify and save the county and all its officers, agents and employees harmless from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful offeror, or of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from proposal award. The contractor shall pay any judgment with cost which may be obtained against the county growing out of such injury or damages.
17. **Non-Assignment:** Assignment of any contract resulting from this request for proposal will not be authorized.
18. **Termination for Cause:** The County may terminate the contract for cause by sending written notice to the contractor of the contractor's default in the performance of any term of this agreement. Termination shall be without prejudice to any of the county's rights or remedies by law.
19. **Termination for Convenience:** The County may terminate the contract for its convenience at any time with 10 days' written notice to the contractor. In the event of termination for convenience, the county will pay the contractor for services performed. The county will compensate partially completed performance based upon a signed statement of completion submitted by the contractor, which shall itemize each element of performance completed.
20. **Force Majeure:** Neither party shall be deemed to be in breach of the contract to the extent that performance of its obligations is delayed, restricted, or prevented by reason of any act of God, natural disaster, act of government, or any other act or condition beyond the reasonable control of the party in question.
21. **Governing Law:** This agreement shall be governed in accordance with the laws of the State of Georgia. The parties agree to submit to the jurisdiction in Georgia, and further agree that any cause of action arising under this agreement shall be required to be brought in the appropriate venue in Fayette County, Georgia.

**Fayette County, Georgia  
Checklist of Required Documents**

*(Be Sure to Return This Checklist with your proposal and  
the Required Documents in the order listed below)*

**PROPOSALS #1324-P: EMS BILLING SERVICES**

Company information – on the form provided \_\_\_\_\_

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1) \_\_\_\_\_

List of exceptions, if any – on the form provided \_\_\_\_\_

References – on the form provided \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Fayette County, Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

**PROPOSALS #1324-P: EMS BILLING SERVICES**

\_\_\_\_\_  
Name of Project

FAYETTE COUNTY, GEORGIA

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 2017 in (city) \_\_\_\_\_, (state) \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**REQUEST FOR PROPOSALS #1324-P**  
**EMS BILLING SERVICES**

**OBJECTIVE**

Fayette County, Georgia is soliciting proposals for EMS Billing Services. The initial term of this agreement will be three years. Upon completion of the initial contract term and mutual written agreement of both parties, the contract may be renewed for two additional one-year terms, for a total of five years.

**INTRODUCTION**

The County is soliciting proposals for a contract with a highly qualified provider for EMS Billing Services. Unless otherwise stated, all specifications listed are minimum requirements. The County prefers a provider with significant EMS billing experience and expects face-to-face meetings when necessary or desired. Proposals must provide all services related to EMS billing.

The Request for Proposal, and the proposal of the successful firm, will be the basis for the EMS Billing Contract.

**BACKGROUND**

The County's Fiscal Year is July 1<sup>st</sup> through June 30<sup>th</sup> of the following year. We currently utilize Image Trend for the Electronic Patient Care Report (ePCR).

The EMS interacted with 7,547 patients in 2016. Of those 7,547 patients, 5,567 required billable services. Our rate structure and mileage charges are as follows:

- BLS: \$550 (2,606 Instances in CY 2016)
- ALS1: \$625 (2,495 Instances in CY 2016)
- ALS2: \$650 (85 Instances in CY 2016)
- SCT: \$800 (0 Instances in CY 2016)
- Treat and No Transport: \$125 (80 Instances in CY 2016)
- Mileage: \$8.25

**SCOPE OF SERVICES**

The selected vendor is required to provide all necessary ambulance billing services meeting the following requirements:

- The contractor must currently have or obtain a software interface with the County's EMS ePCR company (ImageTrend) and must demonstrate successful data transfer to the respondent's billing software.
- Contractor must describe the process for evaluating and addressing outstanding accounts receivable from previous years.
- Contractor must be able to process credit card payments without assessing the county any fee.
- Contractor must utilize certified coders in its processes.
- Contractor must reliably submit claims within 72 hours of the call being processed through the county's quality assurance review process.
- The contractor must demonstrate the ability to generate and manage billing for a minimum of 6,000 calls per year.
- The system will be HIPAA compliant, meeting all State and Federal



- confidentiality, security, and transaction coding requirements.
- The contractor must provide support during normal business hours by phone.
- The contractor must allow agency access to patient account status, filing dates, insurance payment data information in real time online access.
- The contractor must allow, with a seven (7) day notice, the agency to conduct a complete on site financial / process review audit.
- The contractor will participate in the County's annual fiscal year audit.

## REPORTING

Detailed reports are required to monitor billing and collection progress. A sample of reporting examples should be submitted with your proposal. Reports shall include, but are not limited to:

- A monthly report showing all transports billed. The report shall include date of service, incident number, patient name, origin, destination, service level, mileage, and gross charges.
- A monthly report showing aged accounts receivable sorted by category (Medicare, Medicaid, insurance, and private pay) and payer. The report should show accounts receivable at 30, 60, 90, and 120 days. The report should also show the last date of activity on the account and where next dollar payment is expected from.
- A monthly report of payments received.
- A monthly report of all refunds processed during the month
- A monthly report of all accounts referred back to the County for referral to delinquent debt collection services contractor or write off
- A monthly report of all account denials categorized by payer and reason.

## PROPOSAL RESPONSE REQUIREMENTS

The County's evaluation of proposals will include considerations such as, but not limited to, all products' reliability and ease of use, reference checks, experience with Fire-based EMS agencies, and all federal and state compliance issues. Proposals must include the following information, preferably in the order shown.

1. **Cover Page:** Include the Request for Proposals number (#1324-P) and title (*EMS Billing Services*). Include your firm's name, address, telephone number, fax number, and e-mail address.
2. **Table of Contents**
3. **Required Documents:** Company Information Page and Contractors Affidavit (on the forms provided), and signed addenda, if any. Identify the primary contact for procurement process and the proposed project manager.
4. **Firm's Background:** Provide a brief profile of your company to include, but not limited to: personnel; years involved in the industry; other areas of expertise; and other EMS provider customers while detailing the size of their service. Please comment on any characteristics of your organization that are considered unique or exemplary within the industry, or that differentiate you from your competition and add value for the county.

Provide your specific experience in billing EMS fees, and include any information on billing for other similar-sized governmental agencies. Include your length of time in the

EMS billing business and specific knowledge related to Georgia-based EMS billing and electronic patient records.

Please provide copies of your standard reports and detail the frequency that you provide them to your clients.

**5. EMS Billing Experience, Expertise, and Processes:**

- a) Describe how you currently submit claims electronically to Medicare, Medicaid, and Major Private Insurance companies.
- b) How many patient bills are generated by your company each year for the last three (3) years?
- c) What is your median turnaround time to process a bill for Medicare, Medicaid, Self-pay or Private insurance?
- d) Discuss your processes that you feel generate increased collections.
- e) Describe your process for evaluating and addressing outstanding accounts receivables from previous years, and anticipated outcomes and typical best practice results from your process.
- f) What methods do you use to communicate with provider? Can custom reports be created based on specific criteria? If a custom report is requested, how quickly can it be addressed and will there be an additional charge?
- g) Describe your process to stay current on Medicare/Medicaid changes.
- h) Describe your process to keep the operating systems current/updated.
- i) Describe the County's capabilities to see financial data in real time, including the ability to allow the County access to patient account status and other similar information in real time online access.
- j) Explain the process if an ePCR is missing information such as patient's demographics, Insurance, MOT, PCS, hospital face sheet and other related information needed to submit a bill.
- k) Describe how a patient's credit card transaction is secure from fraudulent activity.
- l) Describe the training and certifications that are required for insurance coders in your company.
- m) What are your hours of operation? Do you provide bilingual customer service agents?
- n) How many account representatives, coders and/or supervisors will be assigned specifically to Fayette County EMS accounts?
- o) Describe the process used when your office is given a request for records by a lawyer, court, or a private citizen.

- p) Have you provided billing services for a company that has been found guilty in any fraud, perjury, or abuse case? If yes, what were the circumstances and the outcome?
  - q) Describe the process for remitting collections to the County and state the typical monthly schedule for remitting those collections.
  - r) Are you willing to work with the County's existing EMS debt collection agency, currently Diversified Adjustments?
  - s) Describe how customer payments are received, and how refunds are to be handled.
  - t) Describe any network/Internet connectivity and bandwidth requirements including any special software requirements.
  - u) Detail your technical support capabilities and response times to problems.
6. **Schedule:** Provide a schedule that demonstrates your ability to meet the County's schedule for implementation in July, 2017.
7. **References:** Please submit a minimum of five (5) references. Three (3) of these references should be from Fire Based EMS agencies.
8. **Fees, Rates, and Other Charges:** Fayette County desires a fee structure based upon a percentage of received funds, payable on a monthly basis. Please clearly outline the percentage basis for payment based on revenues. Additional fees for services, if applicable, must be clearly delineated on the proposal. As the County cannot accommodate fees associated with credit card processing, all charges associated with the acceptance of a credit card must be assigned to the consumer. Please include details for the pricing model offered as well as a projection of revenue generated for three years, and provide basis and assumptions.

## EVALUATION CRITERIA

### Technical Merit

The Technical Merit portion of the evaluation will comprise 70 percent of the evaluation score.

An evaluation committee will review and rank the proposals based on the criteria listed below. The relative weight for each criterion is shown. Information to be considered in scoring will include, but not be limited to, information requested in the Proposal Response Requirements section of this RFP. Other types of information and factors may be considered when scoring each criterion.

- Firm's Background (Maximum 20 points)
- EMS Billing, Experience, Expertise, and Processes (maximum 50 points)
- Schedule (maximum 20 points)
- Quality of Written Proposal\* (maximum 10 points)

**Fees, Rates and Other Charges**

The remaining 30% of your score will be determined by your proposed fees, rates, and other charges, as compared to other responding companies.

**INTERVIEWS**

Depending on the number of proposals received and the range of scores, Fayette County may identify a “short list” and conduct interviews with one or more Consultant teams. The purpose of the interviews would be to help distinguish differences between the highest-rated proposals by meeting the project team(s), hearing their approach, and allowing the Evaluation Team to ask questions. In the event interviews are conducted, each interviewee will be scored up to 50 points. Those points will be added to the written proposal score to identify the final rankings.

**\*QUALITY OF WRITTEN PROPOSAL:** The Evaluation Team will consider such factors as:

- a. Effectiveness of communication;
- b. Relevance of information provided to the RFP;
- c. Overall layout;
- d. Grammar, spelling, and punctuation; and
- e. Other factors as may be appropriate.

## REQUEST FOR PROPOSAL #1324-P: EMS BILLING SERVICES

### EXCEPTIONS

If there are *ANY* exceptions or clarification(s) taken to the specifications of this proposal, use this sheet and list the items you are taking an exception on. *ANY* exception(s) shall be explained in full.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**COMPANY NAME** \_\_\_\_\_

**REFERENCES**  
**REQUEST FOR PROPOSAL #1324-P: EMS BILLING SERVICES**

Please list a minimum of five (5) references of current or very recent customers who can verify the quality of service your company provides. Three (3) of these references should be from Fire Based EMS agencies. Projects of similar size and scope are preferable.

**REFERENCE ONE**

Government/Company Name \_\_\_\_\_

City & State \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Approx. Date & Scope of Work \_\_\_\_\_

**REFERENCE TWO**

Government/Company Name \_\_\_\_\_

City & State \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Approx. Date & Scope of Work \_\_\_\_\_

**REFERENCE THREE**

Government/Company Name \_\_\_\_\_

City & State \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Approx. Date & Scope of Work \_\_\_\_\_

**REFERENCES - CONTINUED**

**REFERENCE FOUR**

Government/Company Name \_\_\_\_\_

City & State \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Approx. Date & Scope of Work \_\_\_\_\_

**REFERENCE FIVE**

Government/Company Name \_\_\_\_\_

City & State \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Approx. Date & Scope of Work \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

**COMPANY INFORMATION**  
**PROPOSAL #1324-P: EMS BILLING SERVICES**

Company \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

\_\_\_\_\_

Mailing Address (**If Different**) \_\_\_\_\_

\_\_\_\_\_

Authorized Representative \_\_\_\_\_  
(Print or Type)

Authorized Representative \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*\*\*\*\*

**Project Contact Person Name:** \_\_\_\_\_

**Office Number:** \_\_\_\_\_ **Cellular Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_