

Title and Summary

Request for Proposal No: FY16-0519  
Request for Proposal Title: Orangeburg County Emergency Medical Services Billing and Collection  
Invitation to Bid As follows:  
Publication: 04/30/2016 <http://www.orangeburgcounty.org/>  
04/30/2016 Bulletin board, Basement Fl. Admin. Centre  
Invitation Composition: Request for Proposal No. (FY16-0519)-is composed of the following:

- Title and Summary pages
- Code Articles 1 through 7
- Scope of Services
- Vendor Qualifications and Information
- Evaluation Factors
- Certified Proposal Bid Sheet
- Certification of No Exceptions
- Certification of Preference(s)
- Addendum Acknowledgement

Invitation Amendments: If any, will be published/posted on the following:  
<http://www.orangeburgcounty.org/Procurement>  
Bulletin boards located in/on:  
Basement Floor, Procurement Office

Contracting Entity: Orangeburg County, South Carolina (“Owner”)  
A political subdivision of the State of South Carolina

Procurement Coordinator: Procurement Director Jannella Shuler  
Orangeburg County Procurement Office  
1437 Amelia St. (“Administrative Center”)  
Orangeburg SC 29115  
(803) 533-6121 Office phone  
  
(803) 535-2307 Office fax number

E-mail

[jshuler@orangeburgcounty.org](mailto:jshuler@orangeburgcounty.org)

## Pre-Submission of Bids

- Requirements: No Pre-Bid
  
- Questions: If bidders have questions, same shall be directed to the Procurement Director  
Mode of Communication via e-mail only  
No later than Friday, May 13, 2016 by 10:00 A.M.
  
- Submission Composition: Each submitted proposer is required to be composed of the following, including fully completed and executed forms:
  - Code of Article Acknowledgment
  - Certified Proposal Bid Sheet
  - Addendum Acknowledgment
  - Vendor's Certification of
  - Qualifications and Information
  - Certification of No Exceptions
  - Certification of Preference(s)
  
- Submission Deadline: Thursday, May 19, 2016 11:00 A.M.
- Submission Location: Procurement Office, Basement Floor,  
1437 Amelia Street, NE, Orangeburg, S.C.
- Opening Time: 11:05 A.M. Thursday, May 19, 2016
- Opening Location: Procurement Office, 1437 Amelia Street,  
Orangeburg, S. C. 2911  
(Only names of submitted proposers read aloud)

## Code and Articles

### Request for Proposal FY16-0519 Orangeburg County Emergency Services Billing and Collection System

#### Incorporation by Reference.

Articles 1 through 5 and 7 of the Code are incorporated by reference as if set forth verbatim in this RFP. As stated in the Code, by submitting a proposal, the vendor agrees that the Code governs this procurement from solicitation through completion of the resulting contract, including disputes, if any.

ACCESS TO CODE. On November 16, 2009, Orangeburg County Council, the governing body of Orangeburg County, repealed all aspects of its procurement policy and enacted the **Orangeburg County Procurement Code** (the “Code”). The Code may be accessed online without charge at <http://www.orangeburgcounty.org/Purchasing/code.html>. In addition, a copy of the Code is available for review without charge at the Office of the Procurement Director. If neither of those options meets your needs, a hard-copy of the Code is also available for purchase at the Office of the Procurement Director.

#### Method of Source Selection.

The source selection method applicable to this procurement is Competitive Sealed Proposal §5-301 of the Code.

The undersigned vendor understands and agrees to be bound to the Code in all matter arising from the RFP identified above.

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Printed Vendor Name

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Signature of Vendor’s Authorized Agent

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Printed Name of Vendor’s Authorized Agent

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Title with Vendor of Vendor’s Authorized Agent

## INTRODUCTION

**Orangeburg County is seeking to establish a contract with a qualified organization for providing billing and collection services for the Orangeburg County Emergency Medical Service Department.** The term of this contract shall be for a period of three (3) years from the effective date of the contract. The County may extend the contract if it appears to be in the best Interest of the County. Said extension may be less than, but will not exceed two (2) additional one

(1) year periods. Contract prices shall remain firm for the initial term of the contract (three years).

## **SCOPE OF WORK**

### **1.00 ORANGEBURG COUNTY EMERGENCY MEDICAL SERVICES**

Orangeburg County Emergency Medical Services transports individuals from varied locations to health care facilities in the emergency medical transport vehicles. Transported individuals are charged a transport fee of County and Non-County resident fee. Some patients who are not transported are charged a no-transport fee when indicated.

### **2.00 USE OF BILLING INFORMATION**

The successful Proposer will use the collected billing information as the basis for:

- 2.01** Billing the transported individual, Medicare, Medicaid, insurance companies or other appropriate third party payors for services provided.
- 2.02** Billing the non-transported patient, when appropriate. Department policy will dictate when billing of these individuals takes place.
- 2.03** Preparing the required management and financial reports including information on delinquent accounts.

### **3.00 SERVICES TO BE PROVIDED BY PROPOSER**

- 3.01** Successfully receive an electronic file of treatment and billing information from the current software vendor.
- 3.02** Mail an invoice to each transported individual at the current prevailing rate for transportation services.
- 3.03** File all insurance claim forms for all patients based upon information received from the Patient at time of service or later or obtain from the Proposer research done at health care facilities.
- 3.04** Have either a local telephone number, or a toll-free telephone number in which customers can contact the billing company for questions and/or concerns.

- third
- 3.05 Provide required paperwork to Medicare, Medicaid, insurance companies or third party payers. (Adhere to all HIPPA regulations)
  - 3.06 Mail copies of invoices to patients, Medicare, Medicaid, insurance companies or other party payers, when requested.
  - 3.07 Mail a series of follow-up invoices to patients, as necessary.
  - 3.08 Re-file Medicare, Medicaid or insurance claims, as required by the payer to obtain payment.
  - 3.09** Record customer payments from various sources (mail, credit card, etc).
  - 3.10** Prepare monthly management/financial reports.
  - 3.11** When a billed account has become past due (defined as: an account older than the date of the last transaction (payment or original transport date if no payment made) plus six (6) months that has a balance larger than zero), notify the County by providing the County with an electronic file of these past due accounts including all pertinent facts regarding attempted collection effort. This file must be in a format which the County can use to obtain information for the South Carolina Debt Setoff program.
  - 3.12** The successful proposer must provide the county with an independent auditors report regarding the firms' adequacy of and compliance with their internal controls on an annual basis.
  - 3.13** Training shall be provided to the service on an annual basis, or as needed in order to educate the medical staff on proper documentation procedure regarding the billing function.
  - 3.14** Any other services as agreed to by the parties, in order to effectively collect all fees.
  - 3.15 The proposer will furnish an electronic patient care reporting software system (ePCR) of the county's choosing, and computing hardware (one for each primary ambulance and a minimum of (2) two spares) and all attendant hardware peripherals at the proposers' expense. Should the contract with Orangeburg County EMS terminate any hardware and/or software purchased during the period of the contract would become the property of Orangeburg County EMS.
  - 3.16 The proposer will provide the required updates to the hardware and software as needed to maintain proper documentation.

#### **4.00 RESPONSIBILITIES OF THE PROPOSER**

- 4.01 Proposer will operate under the requirements and guidelines of the federal fair Debt Collection Practices Act.
- 4.02 Proposer will be knowledgeable of the South Carolina Debt Setoff program and its requirements for electronic data submission.
- 4.03 Proposer will be able to process South Carolina Debt Setoff program.
- 4.04 Proposer will only charge patient fees approved by Orangeburg County Council.
- 4.05 Proposer will only utilize third party payment contracts approved by Orangeburg County.
- 4.06 Proposer will allow Orangeburg County EMS to approve all letters and phone scripts so that the tone of all communications is consistent with the standards of Orangeburg County EMS.
- 4.07 Proposer will maintain medical records in accordance with the state mandated records retention schedule.

**5.00 RESPONSIBILITIES OF THE COUNTY**

- 5.01 The County/EMS will provide an electronic version of the SC DEHEC Run Report for each EMS transport in Selected Vendor format (Chosen by Orangeburg County EMS). EMS staff will attempt to obtain patient billing and insurance coverage information, either on the scene or at the hospital to which the patient is transported, to get a medical release records information signature from the patient, if possible, and to provide copies of such information for billing purposes.
- 5.02 The County/EMS will give information regarding all approved charges and payment contracts to the proposer
- 5.03 The County/EMS will provide a copy of all payments documents and any other correspondence that may be received by County/EMS related to EMS services as defined within this proposal.
- 5.04 The County/EMS will provide written definitive procedures regarding any special County policies for billing, collections, discounts, adjustments, courtesies, refunds, cut-off dates, and so forth. Any changes to these procedures will be in writing and delivered to the proposer.

**6.00 REQUIRED USE OF ELECTRONIC FILING**

- 6.01 All proposers must be currently filing Medicare and Medicaid Claims electronically and must transmit Medicare/Medicaid claims via the required National Standard Format (NSF).

**7.00 REQUIRED BILLING RESEARCH AT HOSPITALS**

**7.01** Based upon past history, those billing and collection firms with the highest collection rates have had contact with billing staff at area hospitals in order to obtain billing/insurance information. Therefore the successful Proposer will be required to either:

**7.01.1** Have documented contacts with listed hospital billing staff so that information may be transmitted.

**7.01.2** Have the ability to electronically interface with our listed hospital databases to obtain all available information to collect an account on behalf of the County.

**8.00 STAFFING REQUIREMENTS**

**8.01** The County of Orangeburg EMS estimates transport of approximately 9500 patients annually. This number should continue to increase in the future. The successful proposer is required to have an adequate number of employees necessary to perform activities related to the billing and collection of medical bills. Of particular interest is how many coders the successful bidder has on staff certified.

**8.02** The successful proposer should give a transition plan for all Orangeburg County employees to train on any new patient care software.

**9.00 PROPOSERS'S REQUIRED NUMBER OF YEARS IN BUSINESS**

**9.01** To ensure that the successful Proposer has a proven record of service and experience, the successful Proposer's company is required (a) to have been operating as the same business entity for a minimum of three (3) years and (b) been successful in the business of billing and collecting fees for Emergency Medical Transportation Services actively and continuously for a minimum of two (2) years.

**10.00 PROPOSERS FEE**

**10.01** The proposer's fee for services to be provided will be a percentage of actual dollars collected during the previous month.

**10.02** Each Proposer must submit a single PERCENTAGE FEE with their proposal, with the exception of 10.04.

**10.03** The same fee will remain in place for EACH CONTRACT YEAR, which is the initial **three year** (36) month contract period and each of the two (2) one (1) year renewal periods.

**10.04** Each proposer should also offer a percentage for collections involving the Debt Set off program. This fee will include total cost of this collection.

- 10.05** Each proposer should give consideration to their possible cost increases during a potential four (4) year contract period and possible increases in transport fees, as no price adjustments will be allowed during the renewal periods.

**11.00 REQUIRED REPORTS**

The successful Proposer must provide the County with a series of reports to show management and financial information. The following list of reports is the required minimum. **Proposer may submit a report that they use which is equivalent for approval.**

**11.01 Collection Statistics**

Gross billings by date of incident (transport) month and the related collections to date. Gross billings should not be reduced for returned mail, bad debits or authorized write offs. The required format would have a minimum of three (3) columns as follows:

- 11.01.1 Transport Month
- 11.01.2 Gross billed in transport month
- 11.01.3 Total collected in transport month
- 11.01.4 Percentage of Clean Claims processed

**11.02 Insurance Report**

The portion of the actual collections and the accounts receivable, detailed by self, Medicaid, Medicare and private insurance.

**11.04 Monthly Payment Report:**

The payments posted to the accounts receivable during the month. The report must show the following information, at a minimum.

- 11.04.1** Date of Service
- 11.04.2** Patient number.
- 11.04.3** Patient name.
- 11.04.4** Patient complete address.
- 11.04.5** Payment amount and type.
- 11.04.6** Grand total of all monthly payments.

**11.05 Monthly Collection Summary:**

The monthly payments in 10.04 above by original transport month. The columns will be:

- 11.05.1** Incident Month
- 11.05.2** Total billings for month
- 11.05.2** Total collected for month
- 11.06.2** Total Percentage of collections for month

**11.06 Total Billings by Incident Month:**



The cumulative number of gross billings and percentages for each month, broken down by payer type (Private, Medicare, Medicaid, Bs/BS and Other insurance).

**11.07 Accounts Receivable:**

An aged report of the amount owed by all transported patients at the end of the month. The format will be:

- 11.07.1** Gross billings since inception.
- 11.07.2** Less: Payments since inception.
- 11.07.3** Less: Approved adjustments and write-offs since inception.
- 11.07.4** Ending balance of accounts receivable.

**11.08 Adjustments and Write-Offs:**

Regarding the details of 11.07.3 above, the report must show:

- 11.08.1** Date of Service
- 11.08.2** Patient number
- 11.08.3** Patient name
- 11.08.4** Adjustment or write-off payment.
- 11.08.5** The cumulative total for 11.07.04

**11.09 Billing Report**

- 11.09.1** Date of Service
- 11.09.2** Patient number
- 11.09.3** Patient name
- 11.09.4** Patient address
- 11.09.5** Incident date
- 11.09.6** Amount billed
- 11.09.7** The monthly total of 11.09.6
- 11.09.8** Additionally, this report must summarize the monthly billing activity as follows:
  - A. Number of ALS billings and amount billed.
  - B. Number of BLS billings and amount billed.
  - C. Number of mileage billing and amount billed.

**12.00 Payment Percentages**

Document percentages of patients who have made a payment. Column headings should be:

- 12.01** Transport month and year.
- 12.02** Total patient transported in 12.01
- 12.03** Number not making payments.
- 12.04** Number making payments.

**12.05**      Percent making a payment

**13.09**    **Refund Listing**

Accounts requiring a refund due to overpayment. This report must show:

- 13.09.1**    Date of Service.
- 13.09.2**    Patient number.
- 13.09.3**    Patient name.
- 13.09.4**    Patient address
- 13.09.5**    Incident date.
- 13.09.6**    Amount originally billed.

**Vendor Qualifications and Information**

Request for Proposal FY16-0519 Orangeburg County Emergency Services Billing and Collections

Vendor shall provide with its proposal, the following which should be collated, fastened together, and

clearly labeled “Vendor’s Certification of Qualifications and Information for Invitation to Bid No. FY16-0519” 1 original and 2 copies to be returned:

1. A brief general history of the organization. (2 pages or less)
2. Vendor meets all current State of South Carolina licensing/tax Requirements.
3. Documentation of vendor’s specific comparative experience(s) to demonstrate that vendor has successful experience with a comparative scope of work. The vendor’s specific comparative experience should include a brief description of whatever parallels vendor believes exist between the scope of work for this procurement and vendor’s actual experience. Vendor may, but is not required to, supply up to three (3) client references in connection with its response to this item.
4. Documentation of vendor’s general viability to demonstrate vendor can satisfactorily and timely complete the scope of work, including evidence that vendor has all of the following:
  - a. Adequate capital;
  - b. An acceptable credit rating;
  - c. Efficient office force with satisfactory record timely and sufficient materials delivery and communications skills to act as liaison with County;
  - d. Efficient and adequate field force with extensive knowledge of each type of work involved in the scope of work;
  - e. Statement of required equipment.
5. A description of any litigation within the last 10 years to which vendor has been a party.
6. Vendor must have Workmen’s Compensation Insurance (Orangeburg County as Certificate Holder) if vendor is required on property. Attached copy of Certificate of Insurance. Attached W-9 form

#### Evaluation Criteria

FY16-0519 Orangeburg County Emergency Services Billing and Collection Services

If Orangeburg County decides to go forward with the procurement, the award shall be made to the vendor whose request for proposal determines to be the most advantageous to the County taking into consideration the evaluation factors stated in this section. The evaluation shall be based in part on the County's review and/or verification of the Vendor Qualifications Responses. The factors to be considered in evaluating are as follows, and are listed in order of relative importance: (see note below)

1. Compliance with Scope of Work and Vendor Qualifications
2. Total cost to the County
3. Vendor record of performances and integrity
4. Ability to deliver in a timely manner
5. Customer Support and Training

Note: The method of selection, Request for Proposal, does not require a numerical weighting for each factor. See Code §5-304.7.

#### Certification of No Exceptions

RFP No. FY16-0519 Orangeburg County Emergency Services Billing and Collection Services

The Code requires vendors to give written notice with a submission if vendor will not accept a term of the RFP and the incorporated Code as a contract term. See Code §4-302. In connection with that requirement, a vendor must complete this certification and include it in its submission. Vendor certifies the following regarding its proposal(s):

1. Vendor AGREES to all of the terms of the RFP (including the incorporated Code terms) and takes NO EXCEPTIONS:         Yes     No

2. Vendor does NOT AGREE to all of the terms of the RFP (including the incorporated Code terms), and a COMPLETE LIST OF VENDOR'S EXCEPTIONS to same are listed and described below:

Yes     No

Identification

Of Excepted Vendor's

Term Description of vendor's substituted term Initials

Exception        1:

Exception        2:

Exception        3:

Exception        4:

Exception 5:

The undersigned vendor hereby certifies that the above-listed exceptions comprise the only exceptions vendor has to the RFP (including the incorporated Code terms). The undersigned vendor understands and agrees that if it is the successful vendor, its attempt to claim any exceptions other than those listed above, shall result in the County having the right to claim the bid security bond, retract the intent to award or award, award to another vendor, and suspend and/or debar the vendor.

\_\_\_\_\_  
Printed Vendor Name

\_\_\_\_\_  
Signature of Vendor's Authorized Agent

\_\_\_\_\_  
Printed Name of Vendor's Authorized Agent

\_\_\_\_\_  
Title with Vendor of Vendor's Authorized Agent

Addendum Acknowledgement

RFP No. FY16-0519 Orangeburg County Emergency Services Billing and Collection Services

Vendor acknowledges receipt of the follow Addendum to the above-described procurement, agrees that same is/are hereby incorporated and made a part of the above-described procurement as if the Addendum had been included in the original procurement documents:

Addendum No.	Addendum Date	Initials of Vendor's Authorized Agent
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Printed Vendor Name

\_\_\_\_\_  
Signature of Vendor's Authorized Agent

\_\_\_\_\_  
Printed Name of Vendor's Authorized Agent

\_\_\_\_\_  
Title with Vendor of Vendor's Authorized Agent

Vendor shall submit a completed Addendum Acknowledgement form with its submission.  
**Vendor may be disqualified from this procurement unless vendor submits a completed Addendum Acknowledgement form referring to this Addendum with vendor's proposal.**

Certification of Preference(s)

RFP No. FY16-0519 Orangeburg County Emergency Services Billing and Collection Services

The Code authorizes specific preferences. See Article 3. If a vendor is qualified for one or more preferences and desires to exercise the preference(s), then the vendor must complete and submit this form with it proposal. If a vendor is either (1) not qualified for any preference OR (2) is qualified, but does not desire to exercise any preference, then the vendor does not need to complete or submit this form with its proposal.

Vendor is qualified for and desires to exercise the following preference(s) as vendor has marked, below:

- Preference 1. Vendor is a resident of the State of South Carolina:
- Preference 2. Vendor is a resident of Orangeburg County, SC:
- Preference 3. Vendor is an MBE:

<u>Yes!</u>	<u>No</u>
<u>Yes!</u>	<u>No</u>
<u>Yes!</u>	<u>No</u>

The undersigned vendor hereby certifies that vendor is qualified for the preference(s) above to which the vendor has indicated "Yes". In addition, the undersigned vendor understands and agrees that if it is not qualified for a preference, but claims to be qualified for a preference on this form, the County shall have the right to suspend and/or debar the vendor in accordance with the Code.

\_\_\_\_\_  
Printed Vendor Name

\_\_\_\_\_  
Signature of Vendor's Authorized Agent

\_\_\_\_\_  
Printed Name of Vendor's Authorized Agent

\_\_\_\_\_  
Title with Vendor of Vendor's Authorized Agent

Certified Proposal Bid Sheet

FY16-0519 Orangeburg County Emergency Services Billing and Collection Services

Percentage of Collection Costs \_\_\_\_\_%

See page 8 (Proposer Fee)

1. The Total Bid Amount, above, is inclusive of all costs, including labor, supervision, materials, supplies, transportation, permits, licenses, taxes or any other costs, incidental or otherwise, for complete and proper performance of the specifications or scope of work described in Request for Proposal FY16-0519.
2. Vendor understands and agrees that, due to budget constraints, Orangeburg County reserves the right to adjust or amend the work requirements and/or negotiate with the lowest, most responsive, qualified, and responsible bidder in an effort to reach a cost that is fair, reasonable, and acceptable to both parties. Vendor should state any warranty information.
3. The foregoing proposal: contains proposal prices that are firm for a minimum of 90 days from the date of opening; is made without prior understanding, agreement, or connection with any other submitting vendor; and is in all respects fair and without collusion or fraud.

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Printed Vendor Name

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Signature of Vendor's Authorized Agent

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Printed Name of Vendor's Authorized Agent

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Title with Vendor of Vendor's Authorized Agent



