



Florence County Government
Procurement Department

December 4, 2017

**ADDENDUM NO. 1- EMS BILLING, COLLECTION, AND POSTING SERVICES
(RFP NO. 11-17/18)**

Florence County is sending to all interested companies answers to questions concerning the request for quote document. The answers are highlighted in **BOLD RED** and underlined.

1. Whether companies from Outside USA can apply for this (like, from India or Canada)? Companies outside of the US can apply but we prefer a company that has at least a branch facility in the U. S. You will need to provide references for clients that you have in the U. S. (preferably in South Carolina) for this type of service.
2. Whether we need to come over there for meetings? Yes, you will need to be available at times for meetings in Florence County.
3. Can we perform the tasks (related to RFP) outside USA (like, from India or Canada)? Yes but we prefer a company that has at least a branch facility in the U. S.
4. Can we submit the proposals via email? No, all four (4) copies must be hardcopies and delivered to the Procurement Office per the RFP instructions.
5. Who is your current billing vendor? All handled in house. Currently handled in house.
6. What is the current cost of their services in dollars and percent? None. Currently handled in house.
7. Who is your delinquent account collection agency? What is the current cost of their services in dollars and percent? Currently handled in house.
8. Are you interested in also considering bids for delinquent account collection services? No
9. Why are you currently going out to bid? The Billing Manager is retiring.
10. Will the successful vendor assume responsibility for any backlog of unbilled and/or previously billed accounts? No

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11. Will you provide the financial and run volume information on the attached chart for the previous year to date? See pages 3 thru 6 of this addendum.
12. Do you itemize charges other than base rate and mileage? See page 7 of this addendum.
13. Are you open to another posting option other than a lockbox account? Yes, propose an alternate option for Florence County to evaluate.
14. Is there a cost data form that needs to go with this RFP as an attachment? No cost data form needs to go with this RFP.

EMS Billing Finance and Run Volume Information

<None>	<None>	22568	11062064.58	7040761.36	4021303.22
1STCHOICE	1ST CHOICE VIP CARE PLUS	49	26021.25	25129.25	892
AARP	AARP/AMER ASSOC OF RETIRE	6	2713.4	2640.94	72.46
ACC	ACCESS INSURANCE	1	374	312	62
ACCEP	ACCEPTANCE INSURANCE	3	1181	0	1181
ADV	ADAC INSURANCE COMPANY	1	406	0	406
ADVICARE2	ADVICARE HEALTH PLAN/DUAL ELIG	1	366	366	0
AE28	AETNA-LEXINGTON KY	32	15309.2	12983.89	2325.31
AIG	AIG CLAIMS, INC	1	599	599	0
ALST3	ALLSTATE PROPERTY & CASUALTY	1	366	0	366
ALST5	ALLSTATE	4	1753	1010.6	742.4
ALST6	ALLSTATE PIP/MED PAY	3	1208.4	1150.4	58
AMER	AMERIGROUP	1	401	0	401
AMER-1ST	AMERICAS 1ST CHOICE HEALTHPLAN	1	398	330.39	67.61
AMERISURE	AMERISURE INSURANCE COMPANY	1	627	627	0
AMMP	AMERIPRISE	1	382	382	0
ARBC	AUTO MANAGE CARE	1	419.6	0	419.6
ARIEL	ARIEL 3RD PARTY ADMIN, INC	1	414	414	0
BC01	BCBS of SC	553	291078.05	67556.63	223521.42
BC02	BCBS STATE HEALTH PLAN	180	95284.65	46258.38	49026.27
BC03	BCBS FEDERAL EMPLOYEE PROGRAM	41	20863.8	4759.6	16104.2
BC05	BLUECHOICE-COLUMBIA	44	23163	6763.17	16399.83
BC35	BC/BS MEDICARE BLUE	2	1087.8	1087.8	0
CARHOSP	CAROLINAS HOSPITAL	1	499	584.22	-85.22
CCP/SUPERME	CAROLINA CARE PLAN/SUPERMED	1	568.2	0	568.2
CDPH	CAPITAL DISTRICT PHP	2	1230.8	960.8	270
CI21	CIGNA INTERNATIONAL	1	613	613	0
CIG3	CIGNA- CHATTANOOGA	44	23970.6	15639.67	8330.93
CIGNACHAT	CIGNA	1	413.2	268.58	144.62
CIPSC	CARE IMPROVEMENT PLUS	166	87008.7	76002.52	11006.18
CIPSC2	CARE IMPROVEMENT PLUS(UHC)	689	353040.68	296460.95	56579.73
CLAIMEDIX	CLAIMEDIX, INC	1	662.2	350	312.2
COMPTPA	COMPANION TPA	1	533	533	0
CONCHOICE	CONSUMER'S CHOICE HEATHPLAN	1	383.6	0	383.6
CORE1	CORESOURCE	2	1014.6	629.4	385.2
COV	COVENTRY HEALTH CARE-KY	4	1829.2	820.95	1008.25
CWI	CWI BENEFITS	1	390	0	390
DORN	DORN VA MEDICAL CENTER	95	50878.8	7784.05	43094.75
EQLC	EQUITABLE LIFE & CASUALTY	1	499	499	0

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FARM	FARMERS INSURANCE	1	398	363	35
FARM4	FARM BUREAU	3	1249.2	389.2	860
FEDRURAL	FEDERATED RURAL INSURANCE EXCH	1	356.4	356.4	0
FIDE	FIDELIS CARE NEW YORK	2	754.4	0	754.4
FIRST	FIRST HEALTH NETWORK	1	633	0	633
GAL4	GALLAGHER BASSETT SERVICES	1	175	175	0
GEHA	GEHA-POBOX4665 INDEPENDANCE MO	5	2308.4	1852.62	455.78
GEIC	GEICO	6	2346.4	447	1899.4
GEICO	GEICO COMMERCIAL CLAIMS	2	716	0	716
GEICO3	GEICO INSURANCE CO	1	385.8	385.8	0
GHI	GHI-NY	1	696.6	696.6	0
GULI	SC P&C INC GUARANTY ASSOC	1	611	0	611
HAR10	HARTFORD	1	381.2	381.2	0
HCS	HEALTHKEEPERS, INC	1	370	0	370
HEALTH	HEALTHSMART PREFERRED CARE	1	527.4	527.4	0
HFIRST	HEALTH FIRST-MCR HMO	4	1722.4	1722.4	0
HIP3	HIP OF GREATER NY	1	374	374	0
HPPA	HEALTH PARTNERS	3	1289	366	923
HSI	HEALTH SMART BENEFIT SOLUTIONS	2	1037	1037	0
HSOUTH	HEALTHSOUTH	1	483	483	0
HUM5	HUMANA-KY-MCR HMO	155	82473.1	57877.98	24595.12
HUM6	HUMANA INSURANCE	8	4533.6	3314.22	1219.38
KBA	KEY BENEFITS ADMINISTRATORS	1	596	0	596
KRM	KEY RISK MANAGEMENT	1	538.8	538.8	0
LIB1	LIBERTY MUTUAL-FL	1	366	0	366
LIB10	LIBERTY MUTUAL-CA	1	358.8	0	358.8
LSTYLEHPLAN	LIFESTYLE HEALTHPLAN	1	564	0	564
MAGN	MAGNCARE	1	639	0	639
MAIL4	MAIL HANDLERS BENEFIT PLAN	1	414	414	0
MCD	MEDICAID CLAIMS	7	3360.2	3360.2	0
MCP	MEDCOST PREFERRED-WINSTON	3	2001.2	622	1379.2
MCR	MEDICARE B CLAIMS	6228	3174720.68	2934933.18	239787.5
MCR-RR	MEDICARE RAILROAD	106	55514.8	52619.62	2895.18
MEDC	MEDCOST-WINSTON	2	1321.4	0	1321.4
MERITAINHEA	MERITAIN HEALTH	1	565	0	565
METLIFE	METLIFE AUTO & HOME	2	819.6	0	819.6
METRO2	METROPOLITAN LIFE	1	382	382	0
MMOO	MEDICAL MUTUAL OF OHIO	1	565	0	565
MOLINA	MOLINA HEALTHCARE OF SC	5	2196.8	2196.8	0
molinamcr	MOLINA HEALTHCARE/DUALS	70	35124.34	34517.34	607
NAT10	NATIONSWIDE INSURANCE-IA	11	4824.6	3429	1395.6

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NATIN	NATIONAL INDEMNITY	1	366	366	0
NUVAPRO	NUVAPRO RISK SOLUTIONS	1	362	0	362
PAI	PAI-PLANNED ADMIN-COLUMBIA	6	3158.8	2449.46	709.34
PALMGMCARE	PALADIN MANAGED CARE SERVICES	1	518	518	0
PAN	PAN AMERICAN LIFE INSURANCE CO	1	557	0	557
PHAC	PREFERRED HEALTH PLAN OF THE CAROLINAS	2	1370.2	0	1370.2
PHP4	PHYSICIANS HEALTH PLAN-TX	1	445.2	445.2	0
PR2	PROGRESSIVE INS-COLUMBIA,SC	1	409	409	0
PROG	PROGRESSIVE INSURANCE-NC	5	1937.2	372.4	1564.8
PROV	PROVIDENT AMER LIFE & HEALTH	1	663	575.09	87.91
REGENCY	REGENCY HOSPITAL OF FLORENCE	1	618	0	618
SAF1	SAFECO INSURANCE-CA	2	772	0	772
SCBIT	SC/ MEMBER IN TRUST	2	839.2	430	409.2
SED01	SEDGWICK	5	2537.6	2088.6	449
SED2	SEDGEWIICK	1	409	0	409
SELF	SELF-PRIVATE PAY	38	20200	14591.48	5608.52
SLHL	SELECT HEALTH/1ST CHOICE MCD	11	4914	4266.6	647.4
SOUT	SOUTHERN MUTUAL INSURANCE	1	401.2	0	401.2
STA7	STATE FARM - ATLANTA GA	14	5808.6	847	4961.6
STAA	STATE ACCIDENT FUND-COLUMBIA	2	763.2	763.2	0
STATE	STATE OFFICE OF VICTIM ASSISTA	2	961.4	881.72	79.68
STRA	STRATEGIC COMP	1	382	382	0
THOMAS	TCC OF SC	1	414	0	414
TIT	TNUS INS CO/SOUTHEAST EXPRESS INC	1	685	0	685
TOKIO	TOKIO MARINE HCC MIS GROUP	1	402	0	402
TOTALDUAL	ABSOLUTE TOTAL CARE DUAL	43	21913	21507	406
TRANSAMERI	TRANSAMERICA	1	604.6	604.6	0
TRAV5	TRAVELERS- CHARLOTTE	1	398	0	398
TRAVNJ	TRAVELERS AUTO CLAIMS-NJ	1	359.6	359.6	0
TRI1	TRICARE FOR LIFE-WITH MCR	2	1127.2	1127.2	0
TRIC	TRICARE PGBA-SOUTH	40	19685.6	13287.04	6398.56
TSRC	TRICARE SOUTH REGION CLAIMS	1	366	0	366
UHCMCR	UHC MEDICARE SOLUTIONS	4	1997.2	1792.2	205
UN16	UNITED HEALTHCARE SHARED SVS-SLC	2	1114	565	549
UNHC07	UNITED HEALTHCARE-ATLANTA	123	63818.1	43181.22	20636.88
UNHC2	UNITED HC-SALT LAKE-RR EMPLOYE	1	581	581	0
UNITEDHEALT	UNITED HEALTHCARE-UT	1	767	767	0
UNWRSA	UNDERWRITERS SAFETY& CLAIM	1	645	0	645
USAA	USAA INSURANCE-AL	2	972	358	614
USAALIFE	USAA INSURANCE	1	639	0	639
UVHC	UNIVERSAL HEALTHCARE-MCR HMO	1	390	390	0

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VAH	VA HEALTH ADMIN CTR-CHAMPVA	1	374	0	374
VNSMCR	VNS NY CHOICE	1	374	224	150
WAL	WALKER, HUNTER & ASSOCIATES	2	1335	1335	0
WCARE,INC	WELLCARE HEALTHPLAN-MCD	6	2961.8	2961.8	0
XY	1ST CHOICE VIP CARE PLUS	27	13955	13340	615
ZUR01	ZURICH NORTH AMERICA	1	647.4	647.4	0

Itemized Charges

ID	Unit Cost Effective Date	Description	Sales Tax Flag	Billing Description	Other Tax Flag	HCPCS	Rounding	Min Qty	BLS Charge ID/Desc	Max Qty	Unit Price Amount	Default System ID	Unit Price Previous Amount	GL Credit	Unit Price Effective Date	GL Debit	Unit Price Editable	Unit Cost Amount	Status	Unit Cost Previous Amount	
1		DRUG-SODIUM BICARBONATE	No	SODIUM BICARBONATE	No	W3708	Whole Numbers Only	1		100	15	Lump into Base Charge	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
1		TRANSPORT-ALS/A0427	No	ALS BASE-EMERGENCY	No	A0427	Whole Numbers Only	1		1	425	Base Charge	375	10-140-0100	7/1/2009	10-347-0100	Yes	GL Inventory	0	Active	0
2		TRANSPORT-LEVEL 2/A0433	No	ALS BASE RATE-LEVEL 2 A0433	No	A0433	Whole Numbers Only	1		1	450	Base Charge	400	10-140-0100	7/1/2009	10-347-0100	No	GL Inventory	0	Active	0
3	1/1/2000	DRUG-EPINEPHRINE IV 1MG	No	EPINEPHRINE IV 1MG	No	J0171	Whole Numbers Only	1		10	9	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
3		TRANSPORT-SPECIALTY CARE ALS2	No	SPECIALTY CARE TX A0434	No	A0434	Whole Numbers Only	0		100	400	Base Charge	300	10-140-0100	7/1/2008	10-347-0100	No	GL Inventory	0	Active	0
4	1/1/2000	DRUG-ATROPINE .01MG	No	ATROPINE .01MG	No	J0461	Whole Numbers Only	1		120	0.34	Miscellaneous Medication	0	10-140-0100	1/1/2010	10-347-0100	No	GL Inventory	0	Active	0
5	7/1/1999	DRUG-LIDOCAINE 10MG	No	LIDOCAINE 10MG	No	J2001	Whole Numbers Only	1		20	10	Miscellaneous Medication	0	10-140-0100	7/1/1999	10-347-0100	No	GL Inventory	5	Active	0
5		TRANSPORT-BLS/A0429	No	BLS BASE-EMERGENCY	No	A0429	Whole Numbers Only	1		1	350	Base Charge	325	10-140-0100	7/1/2009	10-347-0100	Yes	GL Inventory	0	Active	0
6	1/1/2000	DRUG-LASIX IV 20MG-FUROSEMIDE	No	LASIX-IV TO 20 MG -FUROSEMIDE	No	J1940	Whole Numbers Only	1		100	1.15	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
6		TREATMENT ONLY	No	TREATMENT/NO TRANSPORT A0429	No	A0429	Whole Numbers Only	0		100	175	Base Charge	150	10-140-0100	7/1/2008	10-347-0100	Yes	GL Inventory	0	Active	0
7	7/1/2008	MILEAGE-ALS & BLS/A0425	No	MILEAGE	No	A0425	Allow 10ths Without Rounding	0		100	8	Mileage Charge	5		7/1/2008		Yes	GL Inventory	8	Active	5
8	1/1/2000	DRUG-BENADRYL 50MG DIPHENHYDRA	No	BENADRYL 50MG-DIPHENHYDRAIME	No	J1200	Whole Numbers Only	1		5	3.5	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
9		DRUG-LORAZEPAM/ATIVAN 1MG	No	DRUG-LORAZEPAM/ATIVAN 1MG	No	J3360	Allow 10ths Without Rounding	1		5	10	Miscellaneous Medication	0		4/9/2012		No	GL Inventory	0	Active	0
10	1/1/2000	DRUG-VALIUM/DIAZEPAN 5MG	No	DIAZEPAM (VALIUM) 5MG	No	J3360	Whole Numbers Only	2		5	10	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
11	1/1/2000	DRUG-NALOXONE/NARCAN 1MG	No	NALOXONE 1MG	No	J2310	Whole Numbers Only	2		100	15	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
15		DEXTROSE 50%	No	DEXTROSE 50%	No		Allow 10ths Without Rounding	1		100	15	Lump into Base Charge	0				No	GL Inventory	0	Active	0
16		DRUG-DEXTROSE/WATER 5%	No	DEXTROSE/WATER 5%	No	J7060	Whole Numbers Only	1		100	15	Miscellaneous Medication	0		1/1/2000		No	GL Inventory	0	Active	0
19		DRUG-NUBAINE/NALBUPHINE 10MG	No	NUBAINE/NALBUPHINE 10MG	No	J2300	Whole Numbers Only	1		10	2	Miscellaneous Medication	0		7/1/2006		No	GL Inventory	0	Active	0
22		DRUG-MORPHINE SULFATE 10MG	No	MORPHINE SULFATE 10MG	No	J2270	Whole Numbers Only	1		100	5	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
23		DRUG-FENTANYL 50MCG	No	DRUG-FENTANYL 50MCG	No		Allow 10ths Without Rounding	0		0	5	Lump into Base Charge	0				No	GL Inventory	0	Active	0
24		DRUG-DOPAMINE 40MG	No	DOPAMINE 40MG	No	J1265	Whole Numbers Only	5		100	2	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
29		DRUG-ADENOSINE 6MG	No	ADENOSINE 6MG	No	J0150	Whole Numbers Only	2		100	50	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
30	1/1/2000	DRUG-GLUCAGON 1MG	No	GLUCAGON 1MG	No	J1610	Whole Numbers Only	1		5	113	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
35		DRUG-THIAMINE/BIAMINE 100MG	No	DRUG-THIAMINE/BIAMINE 100MG	No	J3411	Allow 10ths Without Rounding	0		0	14	Miscellaneous Medication	0				No	GL Inventory	0	Active	0
41		DRUG-LOPRESSOR/LABETALOL	No	DRUG-LOPRESSOR/TRANDATE 5MG	No	J3490	Allow 10ths Without Rounding	0		0	2	Miscellaneous Medication	0				No	GL Inventory	0	Active	0
43		DRUG-AMIODERONE 30MG	No	DRUG-AMIODARONE 30MG	No	J0282	10ths Round up 0.1 and Above	1.5		100	5	Miscellaneous Medication	0				No	GL Inventory	0	Active	0
45		DRUG-MAGNESIUM SULFATE 500MG	No	DRUG-MAGNESIUM SULFATE 500MG	No	J3475	Allow 10ths Without Rounding	2		100	1	Lump into Base Charge	0				No	GL Inventory	0	Active	0
68		DRUG-ZOFRAN/PHENERGAN/ 50MG	No	DRUG-ZOFRAN/PHENERGAN 50MG	No	J2550	Allow 10ths Without Rounding	0		0	2	Lump into Base Charge	0				No	GL Inventory	0	Active	0
78		DRUG-MIDAZOLAM/VERSED 1MG	No	VERSED-MIDAZOLAM 1MG	No	J2250	Allow 10ths Without Rounding	2		5	1	Lump into Base Charge	0				No	GL Inventory	0	Active	0
85		DRUG-METHYLPRL-SOLUMEDROL125MG	No	SOLUMEDROL-METHYLPREDNIS 125MG	No	J2930	Allow 10ths Without Rounding	0		0	9	Lump into Base Charge	0				No	GL Inventory	0	Active	0
####	1/1/2000	PROCEDURE-ALS AIRWAY	No	AIRWAY ALS	No		Whole Numbers Only	1		1	50	Lump into Base Charge	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
####	1/1/2000	DISPOSABLES SUPPLIES-ALS-	No	ALS SUPPLIES	No		Whole Numbers Only	1	DISPOSABLE SUPPLIES-BLS	1	50	Lump into Base Charge	0	10-140-0100	6/1/2006	10-347-0100	Yes	GL Inventory	0	Active	0
####		PROCEDURE-EKG	No	CARDIAC MONITOR	No		Whole Numbers Only	1		3	50	Lump into Base Charge	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
####		PROCEDURE-OXYGEN	No	OXYGEN SUPPLIES	No		Whole Numbers Only	1		3	50	Lump into Base Charge	0	10-140-0100	1/1/2000	10-347-0100	Yes	GL Inventory	0	Active	0
####		PROCEDURE-O2 CPAP	No	AIRWAY-O2 CPAP	No		Allow 10ths Without Rounding	0		0	100	Lump into Base Charge	0				No	GL Inventory	0	Active	0
####	1/1/2000	FLUID-1000CC NS/SODIUM CHLORID	No	FLUID-NS/SODIUM CHLORIDE	No	J7030	Whole Numbers Only	1		5	15	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
####		PROCEDURE-IV THERAPY	No	IV SUPPLIES	No		Whole Numbers Only	1		3	50	Lump into Base Charge	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
####	1/1/2000	DISPOSABLE SUPPLIES-BLS	No	DISPOSABLE SUPPLIES	No	A0382	Whole Numbers Only	1	DISPOSABLE SUPPLIES-BLS	1	35	Lump into Base Charge	0	10-140-0100	6/1/2006	10-347-0100	Yes	GL Inventory	0	Active	0
####	1/1/2000	SECOND ATTENDANT	No	SECOND ATTENDANT	No	A0424	Whole Numbers Only	1		1	50	Extra Attendant Charge	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0
NTER		INTERCEPT/ASSIST	No	INTERCEPT/ASSIST	No	0	Allow 10ths Without Rounding	0		0	100	Base Charge	0				No	GL Inventory	0	Active	0
2550		PROMETHOZINE/PHENERGAN 25MG	No	PROMETHOZINE/PHENERGAN	No	J2550	Allow 10ths Without Rounding	0		0	3	Miscellaneous Medication	0		7/1/2006		No	GL Inventory	0	Active	0
704/	1/1/2000	FLUID-NS HEP LOCK	No	FLUID NORMAL SALINE 500ML	No	J7040	Whole Numbers Only	2		5	15	Miscellaneous Medication	0	10-140-0100	1/1/2000	10-347-0100	No	GL Inventory	0	Active	0

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PLEASE ACKNOWLEDGE THIS ADDENDUM BY SIGNING BELOW AND SUBMIT IT WITH YOUR QUOTE.

I have read and acknowledged pages 1 thru 8 of this addendum.

Authorized Signature

Printed Name

Date

Company Name