



Sullivan County Purchasing Department
Request for Proposal

for

EMS Ambulance Billing Services

Proposals to be received by 2:00 p.m., local time
May 18, 2021

Submit Proposals to:
Sullivan County Purchasing Department
Kristinia Davis, Purchasing Agent
3411 Hwy 126, Suite 201
Blountville, TN 37617

Sullivan County Purchasing Department Request for Proposal

EMS Ambulance Billing Services

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Sullivan County Purchasing Department
Request for Proposal
EMS Ambulance Billing Services

I. INTRODUCTION

The Office of the Sullivan County Purchasing Agent is soliciting proposals from qualified professionals to provide Ambulance Billing Services for the Sullivan County EMS Department. The successful firm will act in the best interest of the County while administering services throughout the contract.

II. RFP TIMELINE

Availability of RFP4/21/2021

Deadline for questions to be submitted in writing to the
Purchasing Department5/10/2021

Proposal Due Date5/18/2021

This timetable is for the information of submitting entities. These dates are subject to change. **However, in no event shall the deadline for submission of the proposals be changed except by written modification from the Sullivan County Purchasing Department.**

III. PROPOSAL SUBMISSION

1. Requirements for Sealed Proposal Submission.

The Request for Proposal (RFP) must be submitted as follows:

- a. One (1) signed original.
- b. Three (3) exact copies of the original document.
- c. One (1) exact copy of the original document submitted on a flash drive.
The electronic media copy must be saved as one complete document in Adobe PDF format.
- d. All proposals shall be submitted in a SEALED, envelope clearly marked with the proposer's name, address, proposal name and date **ON THE OUTSIDE OF THE SEALED ENVELOPE** to the attention of Kristinia Davis, CPPB, Purchasing Agent.

- 2. PROPOSALS RECEIVED ON TIME:** All Proposals are to be received by **Tuesday, May 18, 2021, 2:00 p.m.**, local time prevailing. Proposals and amendments thereto, if received by the Sullivan County Purchasing Department after the date and time specified for opening, will not be considered. It will be the responsibility of the PROPOSER to see that the proposal is received by the Purchasing Department by the specified time and date. There will be no exceptions. Date of postmark will not be

considered. Telephone, facsimile, electronic, and verbal proposals will not be accepted. Any proposal received after the opening date and time will remain unopened and on file. Sullivan County will not be responsible for proposals received late because of delays by a third-party delivery service, i.e., U.S. Mail, UPS, Federal Express, etc.

IV. GENERAL TERMS AND CONDITIONS

1. **TAX EXEMPT:** Sullivan County is a tax-exempt entity. The successful vendor will be provided with an executed copy of a tax-exemption form.
2. **NO CONTACT POLICY:** From the period beginning on the date of the issuance of this RFP any contact initiated by a proposer with any Sullivan County representative concerning this proposal is strictly prohibited, unless such contact is made with the Purchasing Department representative listed herein or with said representative's authorization. Any unauthorized contact may cause the disqualification of the proposer from this procurement transaction. Proposals must include a notarized No Contact/No advocacy Affidavit (to be found in the "Submission Forms" section of this document).
3. **ANTI-COLLUSION:** The proposer certifies by signing this document that the proposal is made without prior understanding, agreement, or accord with any person submitting a proposal for the same services and that this proposal is in all respects bona fide, fair, and not the result of any act of fraud or collusion with another person engaged in the same line of business or commerce. Any false statement hereunder constitutes a felony and can result in a fine and imprisonment, as well as civil damages. Proposals must include a notarized Non-Collusion Affidavit (to be found in the "Submission Forms" section of this document).
4. **INCLEMENT WEATHER:** During periods of inclement weather, the Purchasing Department will enact the following procedures with regards to solicitations and weather delays:
 - a. If County offices are closed due to inclement weather on the date that bids/proposals/qualifications are due into the Purchasing Office, all solicitations due that same day will be moved to the next operational business day.
 - b. Sullivan County shall not be liable for any commercial carrier's decision regarding deliveries during inclement weather.
5. **PAYMENT TERMS:** Sullivan County pays from monthly statements for services rendered. Payments are made within 30 days of the previous month's statement being received in Sullivan County Accounts & Budgets Office.

6. **AUTHORIZED SIGNATURE:** All proposals must be signed by an authorized, responsible officer or employee having the authority to enter into contracts. Obligations assumed by such signature must be fulfilled.
7. **COMPLIANCE WITH ALL LAWS:** Contractor is assumed to be familiar with and agrees to observe and comply with all federal, state, and local laws, statutes, ordinances, and regulations in any manner affecting the provision of goods and/or services, and all instructions and prohibitive orders issued regarding this work and shall obtain all necessary permits.
8. **GOVERNING LAW:** This contract shall be governed by the laws of the State of Tennessee, and all obligations of the parties are performable in Sullivan County, Tennessee. The Courts in Sullivan County shall have exclusive and concurrent jurisdiction of any disputes which arise hereunder.
9. **INDEMNIFICATION/HOLD HARMLESS:** Contractor shall indemnify, defend, save and hold harmless all departments of Sullivan County Government, its officers, agents and employees from all suits, claims, actions or damages of any nature brought because of, arising out of, or due to breach of the agreement by Contractor, its subcontractors, supplier, agents or employees or due to any negligent act or occurrence or any omission or commission of the contractor, its subcontractors, suppliers, agents or employees until the contract terminates.
10. **VENDOR PERFORMANCE:** If the contractor fails in full or part to perform or comply with any provision of this Contract or the terms or conditions of any documents referenced and made a part hereof, Sullivan County may terminate this contract, in whole or in part, and may consider such failure or noncompliance a Breach of Contract. Contractors with poor performance will be notified at the time of such performance and be given opportunity to correct the problems. Documentation will be kept on file. Any contractor with continued poor performance will be removed from the potential vendor list for one year.

Sullivan County expressly retains all its rights and remedies provided by law in case of such breach, and no action by Sullivan County shall constitute a waiver of any such rights or remedies. In the event of termination for default, Sullivan County reserves the right to purchase its requirements elsewhere, with or without competitive bid.

11. **BREACH OF CONTRACT:** A party shall be deemed to have breached the contract if any of the following occurs:
 - Failure to provide the services that conform to contract requirements.
 - Failure to maintain/submit any report required hereunder.
 - Failure to perform in full or in part any of the other conditions of the contract.

12. **CONTRACT TERMINATION FOR CAUSE:** If the contractor fails to properly perform its obligations under this contract in a timely or proper manner, or if the contractor violates any terms of this contract, the county shall have the right to terminate the contract and withhold payments in excess of fair compensation for completed services.
13. **CONTRACT TERMINATION FOR CONVENIENCE:** The county may, by written notice to the contractor, terminate this contract without cause for any reason. Said termination shall not be deemed a Breach of Contract by the county. The county must give notice of termination to the vendor at least thirty (30) days prior to the effective date of termination. The contractor shall be entitled to receive compensation for satisfactory, authorized service completed as of the termination date, but in no event shall the county be liable to the contractor for compensation for any service which has not been rendered. Upon such termination, the vendor shall have no right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount.
14. **BOOKS AND RECORDS:** The contractor shall maintain all books, documents, accounting records and other evidence pertaining to the goods and services provided under this contract and make such materials available at its offices at all reasonable times during the contract period and for three (3) years from the date of the final payment under this agreement for inspection by county or by any other governmental entity or agency participating in the funding of this agreement, or any authorized agents thereof; copies of said records to be furnished if requested.
15. **IRAN DIVESTMENT ACT:** By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to Tennessee Code Annotated §12-12-106.
16. **NONDISCRIMINATION AND NON-CONFLICT STATEMENT:** Contractor agrees that no person on the grounds of handicap, age, race, color, religion, sex, or national origin, shall be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the performance of this agreement, or in the employment practices of vendor. Contractor shall upon request show proof of such nondiscrimination and shall post in conspicuous places available to all employees and applicants notices of nondiscrimination. Contractor covenants that it complies with the Fair Wage and Hour Laws, the National Labor Relations Act, and other federal and state employment laws as applicable. Contractor covenants that it does not engage in any illegal employment practices.

Contractor covenants that it has not public or private interest and shall not acquire directly or indirectly any interest; that would conflict in any manner with the provision of its goods or performance of its services. The contractor warrants that no part of the total contract amount provided herein shall be paid directly or

indirectly to any officer or employee of Sullivan County as wages, compensation, or gifts in exchange for acting as officer, agent, employee, subcontractor, or consultant to contractor in connection with any goods provided or work contemplated or performed relative to the agreement.

17. **DISCLOSURE:** Proposals will not be publicly opened; only the names of the responding firms will be publicly announced and recorded by the Sullivan County Purchasing Agent. All materials submitted pursuant to this RFP shall become the property of Sullivan County and will remain confidential until the selection processes have been concluded. No information about any submission of proposals shall be released until the process is complete, except to the members of the Evaluation Committee and other appropriate County staff. Upon conclusion of the selection process, all documents pertinent to the RFP submittals will constitute public records and will be subject to public inspection under Tennessee law.
18. **RIGHT TO WITHDRAWAL:** Proposers have the right to request withdrawal of their proposals from consideration due to error by giving notice at any time before and not later than two (2) days after proposals are opened.
19. **REJECTION OF PROPOSALS:** Sullivan County shall reject any proposal that is determined to be non-responsive. Sullivan County reserves the right to reject the proposal of any Proposer who previously has performed unsatisfactorily for Sullivan County or any other governmental agency.
20. **FORCE MAJEURE:** Sullivan County or proposer shall not be liable for any failure of or delay in the performance of this contract for the period that such delay or failure is due to causes beyond reasonable control, including but not limited to acts of God, labor disputes, government orders or any other force majeure event.
21. **RELATED COSTS:** Sullivan County is not responsible for any costs incurred by any vendor pursuant to the RFP. The proposer shall be responsible for all costs incurred in connection with the preparation and submission of its proposal.
22. **ADDENDA:** If it becomes necessary to revise any part of this RFP, written addenda will be issued. All addenda will be numbered in sequence, dated as of the date of issue, and sent via fax or email to all prospective proposers. The proposer shall acknowledge receipt of each addendum by signing in the space provided on the issued addendum and by submitting all addenda with their proposal.
23. **WAIVING OF INFORMALTIES:** Sullivan County reserves the right to waive minor informalities or technicalities in the proposal when it is in the best interest of Sullivan County.
24. **AWARD/REJECT:** Sullivan County reserves the right to: (a) award or reject any and/or all submittals; and (b) not award this project to any submitter.

25. **QUESTIONS:** Pursuant to TCA §12-4-126, questions regarding the specifications or bid procedures must be received by the Purchasing Agent no less than ninety-six (96) hours before the bid opening date. No addenda will be issued within less than forty-eight (48) hours of the bid opening day, excluding weekends and legal holidays designated in §15-1-101 unless the bid opening is extended for a reasonable time as determined by the purchasing agent, which shall not be less than forty-eight (48) hours excluding weekends and legal holidays designated in §15-1-101, to allow for any necessary changes to the Request for Proposal documents and to allow responders to resubmit their responses accordingly.

Any questions concerning this Request for Proposal shall be directed to Kristinia Davis at kris.davis@sullivancountyttn.gov. Questions will be answered via addenda. Information obtained from any office other than the Purchasing Office is not to be considered binding.

V. SPECIAL TERMS & CONDITIONS

1. The selected contractor will be required to maintain the insurance requirements as specified below and to submit a certificate of insurance and additional certifications as a part of the contract.
 - a. **Comprehensive General Liability Insurance.** The Contractor, at its own expense, shall keep in force and at all times maintain during the term of the contract comprehensive general liability insurance issued by a responsible insurance company and in a form acceptable to Sullivan County. Coverage for Contractor on an occurrence basis against claims for bodily injury, death, or property damage shall include combined single limits of not less than one million dollars (\$1,000,000.00) per occurrence with an annual aggregate limit of not less than two million dollars (\$2,000,000.00).
 - b. **Automobile Liability Insurance.** The Contractor, at its own expense, shall keep in force and at all times maintain during the term of the contract automobile liability coverage in the minimum amount of one million dollars (\$1,000,000.00) combined single limits for bodily injury, death, or property damage.
 - c. **Workers' Compensation Coverage.** The Contractor, at its own expense, shall keep in force and at all times maintain during the term of the Contract full and complete workers' compensation coverage as required by the laws of the State of Tennessee.
 - d. **Errors and Omissions Insurance.** The Contractor, at its own expense, shall keep in force and at all times maintain during the term of the Contract emergency care services professional liability coverage, including, but not limited to, coverage for claims and damages alleged to have been caused by the professional negligence of Contractor's

employees, in the amount of not less than two million dollars (\$2,000,000.00) per occurrence with an overall aggregate limit of not less than five million dollars (5,000,000.00) for claims for bodily injury, death, or property damage.

- e. **Certificates of Insurance.** Prior to commencement of Contract Services by the Contractor, the Contractor shall provide Sullivan County with certificates of insurance on all of the above policies of insurance verifying that all insurance policies are in place and effective as of the commencement of the Contract and shall thereafter provide renewals thereof in forms acceptable to the County. Said insurance policies shall be endorsed to provide, that Sullivan County and its agents be named as an additional insured under the policies related to this Contract. Sullivan County shall be notified in writing of any reduction, cancellation, or substantial change of any policy or policies listed above at least thirty (30) days prior to the effective date of said action.

VI. SCOPE OF SERVICES

The contractor shall:

1. Invoice patient, or other third-party, responsible for payment of services rendered in accordance with time frames as stated. Rates shall be subject to change at Sullivan County's discretion at any time throughout the term of the agreement. Sullivan County agrees to notify the contractor a minimum of seven days prior to any rate change.
2. Provide EMS and or financial departments all monthly reports as stated herein. A listing of the required reports as identified.
3. Provide a toll-free number for patients with contractor's own facilities and workforce. Contractor shall provide a designated liaison for patient and payer concerns. Contractor shall conduct all written and verbal communication in the most professional manner. The contractor shall never, in any way, represent himself or herself in a way that might be interpreted as intimidating or threatening.
4. Perform specific services with the goal of recovering the maximum amount of fees in the shortest possible timeframe and recover the largest total amount with minimal cost to recover.
5. Provide an electronic patient care report application utilized by EMS to perform the data transfer necessary to perform services identified. Contractor is responsible for all cost to acquire and maintain the interface.
6. Ensure a segregation of duties, whereby the same individual must not be able to enter billing information, adjust billings, postpaid, nor deposit funds; and maintain

the necessary levels of security in their automated billing systems to protect EMS from loss.

7. Retain appropriate records in accordance with Tennessee records retention requirements.

VII. BASIC SERVICES – CONTRACTOR RESPONSIBILITIES

1. Maintain on a computer system, all invoices, transaction records, billing activities and financial reports. The computer system shall be equipped with a reliable backup system that will ensure complete record recovery in the event of a computer system failure regardless of cause.
2. Provide billing and accounts receivable management services to EMS for emergency medical transportation services rendered by EMS. File required documentation and agreements with payers. Keep EMS apprised of any important changes to industry regulations. Ensure knowledge of all major insurance plans and ensure that every billable claim is pursued. Bill the transported individual, Medicare, Medicaid, private insurance companies or other appropriate third-party payers for services provided by EMS. The contractor shall be responsible for invoicing, collection, generation of any and all insurance forms, and filings, record maintenance and reports and postage for the billing of all said invoices and forms. The contractor shall have an efficient method for processing and reporting payments made by credit card, all credit card fees, and cost is the responsibility of the contractor. Proposal responses need to clearly detail how credit card payments are processed, including ability to process at contractor's facility.
3. Provide patients with a comprehensive statement and invoice, HIPPA form and a courtesy return envelope. The front of the statement shall describe all charges and payments. The reverse side of the statement shall have clearly marked entry box for information needed to file insurance claims.
4. The contractor will be required to mail monthly invoices or statements to each account with an outstanding balance until the account is satisfied or turned over to a collection agency of EMS choosing, including pre-collection and collection notices. Proposal response to detail methods and frequency that documents are mailed.
5. Agree to make every effort to locate and correct any incorrect billing address or insurance data for billing patients. Contractor shall establish arrangements with hospitals to obtain verified patient insurance and contact information. The contractor shall contact the US Post Office national change of address files or other similar services to obtain the correct billing addresses and phone numbers for patients that have left the area, or whom have invalid information.
6. Provide EMS with information to allow for alternate collection methods or write off uncollected receivables at the discretion of EMS, no sooner than 12 months from the

date of an issue billing. Establish with EMS program for collections, including summary reporting for insurance short pays.

7. Comply with all applicable federal, state, and local laws as they apply to the services being provided.
8. Agree to negotiate and arrange modified payment schedules for those individuals unable to pay the full amount when billed in accordance with EMS policy.
9. Provide professional systems to EMS and evaluating billing policies and fee schedules from time to time.
10. Provide timely information regarding new or proposed regulations affecting billing for ambulance transports.
11. Analyze credit balance overpayments, process refund request and provision of refund requests to EMS.
12. Have authorization to sign on behalf of EMS, the following types of standard forms and correspondence, as designated and approved by EMS, probate filings, letters to patients or their representatives verifying that an account is paid in full, forms verifying the tax-exempt status of EMS, and insurance filings related forms. The contractor acknowledges and agrees that it has no authority to sign any documents that impose liability on EMS or legally binds EMS to third parties.
13. Provide required records to an independent auditor of EMS choosing for annual audits of the billing and collection records, of which Contractor shall provide up to fifteen thousand (\$15,000.00) of the cost, or the Contractor will provide the required records to be reviewed by EMS to perform the audit at EMS' expense. EMS shall notify the Contractor in writing of method selected to complete the audit.
14. A sample of each report is to be submitted with each RFP and labeled accordingly. All reports are required on monthly basis, Aged Receivable Report, Monthly Invoices, Refund Documentation, Management Reports, and Collection Statistics.

VIII. PROPOSAL SUBMITTAL CONTENT

A proposal submittal will consist of one (1) signed original and three (3) exact copies and one (1) exact copy on a flash drive of the following items:

1. **A letter to summarize in a brief and concise manner the following:**
 - a. A cover letter stating that the contractor formally submits his/her Proposal for consideration in the selection process for the project.
 - b. A statement must also be included that the contractor agrees to the terms and conditions as set forth herein.

- c. Proposer understands the scope of work and positive commitment to timely performance of the work.
- d. The letter must name all persons or entities interested in the proposal as principals.
- e. The letter must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.
- f. Identify all of the persons authorized to make representations for the proposer, including the titles, addresses, and telephone numbers of such persons.
- g. An authorized agent of the proposer must sign the Letter of Transmittal and must indicate the agent's title or authority.

Note: The firm identified on the Letter of Transmittal will be considered the primary firm. If more than one firm is named on the Letter of Transmittal, a legal document showing the partnership, joint venture, corporation, etc. shall be submitted showing the legality of such.

2. Qualifications and Minimum Requirements

- a. Proposals shall provide a description of the firm, including the size, range of activities, stripped, stability, experience, honors, awards, and recognitions.
- b. Submit proof or ability to have an operational system that can work with an electronic patient care reports software vendor example ESO systems.
- c. Submit qualifications of the proposed team members, including experience in years with the firm.
- d. For each person assigned to EMS account, detail their responsibilities and job tasks performed relevant to the scope of services required.
- e. Identify the project manager – main account contact that would be assigned to the EMS account.
- f. Detail the team's proficiency in Tennessee statutes and any other relative legislative entity as it relates to medical transport billing services for Sullivan County.
- g. Managers and other project staff may only be changed with the express prior written permission of EMS.

3. Process Proposal

- a. All prices provided shall include travel, and any other costs associated with the services proposed, including postage printing and supplies.
- b. Provide evidence of current levels of insurance in areas of commercial general liability, workers compensation, business auto, professional liability, and ability to obtain crime policy.
- c. Provide a summary of any litigation or allegations of fraud filed against the proposer in the past seven years, which related to the services, that proposer provides in their regular course of business. The summary shall state the nature of the litigation or allegation of fraud, a brief description of the case, the outcome or projected outcome, and the monetary amount involved. If none, state as such.

- d. Describe any “material-weakness” your company has received in any audit.
- e. Identify if you have any agreements canceled prior to the expiration of term in the past three years if none state such.
- f. In case of sole proprietorship or partnership detail all owners or partners.
- g. Submission and completion of EMS provided forms for acknowledgment of partnership individual or corporation.
- h. Provide a statement of proposer’s financial stability, including information as to the current or prior bankruptcy filings.

4. **EMS Questionnaire**

- a. Report all information necessary (including data) to the Tennessee Department of Health EMS division at no additional cost. Can your firm comply with this request?
- b. Detail what your process is to obtain valid information when the information originally obtained is found to be incorrect?
- c. For calendar year 2019 and 2020 what was your average track record for turning around claims for your medical transportation billing services account?
- d. Can all reports developed for EMS be opened using Microsoft Excel?
- e. How do you correctly provide reports to your clients?
- f. Detail your approach, methods, and quality assurance program to meet EMS performance standards as it relates to collection cycle and how your program will perform the necessary quality assurance to meet performance standards identified in our request for proposal.
- g. Contractor must have all reports by the 15th of each calendar month. Can your firm comply with this request?
- h. Detail the number of customer service representatives.
- i. What are your normal office hours for customer support calls and time zone?
- j. Detail your ability to take credit card payments as a form of payment and reporting available to EMS. Contractor shall agree to pay all credit card fees and related cost. Can your firm comply with this request?
- k. At time of contract termination or separation, detail your proposal method for handling accounts that are still in an uncollectible status. In the event the Agreement is terminated, for whatever reason, or expires, explain your termination procedures.
- l. Detail the team’s payment proficiency in Tennessee Medicare and Medicaid as it relates to medical transport billing services. Include specific training, tools, use of compliance officer.
- m. Contractor must have at least one billing service (>5,000 billable runs) they are currently providing within the state of Tennessee. Can your firm comply with this request?
- n. Contractor must be able to generate custom reports. Can your firm comply with this request?

- o. Contractor must be able to provide ESO solutions software and 20 Panasonic Toughbook's along with operating system at no additional cost above the contracted amount. Can your firm comply with this request?
- p. Contractor must comply with all applicable federal, state, and local laws as they apply to services being provided.
- q. Contractor must provide professional assistance to EMS in evaluating billing and collection policy fee schedules from time to time. Can your firm comply with this request?
- r. Contractor to analyze credit balance overpayments, process refund requests and provision of refund requests to EMS. Can your firm comply with this request?
- s. Contractor must respond to EMS inquiries or questions within two business days. Can your firm comply with this request?
- t. The contractor must respond to an emergency request for information within four hours. Can your firm comply with this request?
- u. The contractor shall provide references which must be within the state of Tennessee.
- v. Describe your process for filing estate, probate, and deaths on accounts.
- w. Does your company have experience in RAC Audits? What is your error rate with Medicare? Do you have experience with Palmetto GBA (CMS MAC)? What is your process for coding assurance and accuracy?
- x. Describe your implementation process and training for start-up and continuing education.
- y. Please include your compliance program.
- z. Describe your appeal process.
- aa. Please explain the life of a claim graphically or in an algorithm. Timeline for each step-in process.
- bb. In the past year, what is your average date of service to invoice time for claims that aren't held for deductible or out of pocket reasons?
- cc. Company must consult Sullivan County Trustee and meet every requirement/request needed by that office for deposits and controls. Can you company comply with this request?

IX. TERM OF THE AGREEMENT

The period of this Contract shall be for a period of three (3) years, with annual renewals for an additional two (2) years, if mutually agreeable to both parties. A sample Contract should be provided with the proposal.

X. PRESENTATION/INTERVIEWS

Sullivan County reserves the right to interview or require a presentation from any respondent for clarification of information set forth in the proposer's response. The interview or presentation is to be a fact finding and explanation session only and is not to be used to negotiate any terms of the contract. If required, the time and location of such interview or presentation will be scheduled by the Sullivan County Purchasing Agent. Interview and presentations are strictly an option of Sullivan County and, consequently, may

or may not be conducted. All travel expenses, if any, to and from the interview or presentation shall be the responsibility of the proposer.

XI. EVALUATION OF PROPOSALS & CRITERIA

This document is a Request for Proposal in that the County is seeking a solution not a bid/quote for the lowest price. As such, the lowest price proposal will not guarantee an award. Proposals will be evaluated based on the firm's qualifications and experience with similar projects, staff experience and availability, comprehensiveness of EMS questionnaire, competitiveness of proposed fees and overall comments from references.

Proposals will be evaluated in accordance with the requirements stated in this solicitation and any addenda issued. All proposals received by the stated deadline will be reviewed by the County to ensure that proposing firms meet all minimum requirements and comply with instructions specified in this RFP.

EVALUATION CRITERIA

Evaluation Criteria	Point Value (Maximum)
Qualifications and Minimum Requirements	30
EMS Questionnaire	35
References of similar contracts or services performed.	10
Proposed Compensation	25
Total Points Available	100

XII. APPENDIX A

FINANCIAL PROPOSAL FORM

The following proposal is hereby submitted for providing the ambulance services as specified in the accompanying specifications. All exceptions to the specifications are clearly indicated below or as an attachment in the Proposal submittal. Contractor hereby submits all information and a document(s) required for the RFP and proposes to provide all required services to the Sullivan County EMS Department for the price indicated under the following scenario below:

The checks are deposited into "Sullivan County Trustee's" account and funds are transferred electronically daily to a County identified account. Statements are provided to reflect the patients, money collected, and money deposited into the County's account. This information is also available daily to the Trustee thru e-mail.

Proposer's fees for the services to be provided: _____%*

*Fee to be a percentage of the actual dollars collected during the previous month plus any additional per unit itemized charges.

*To be all inclusive, including but not limited to credit card fees, postage, printing and supplies

*Fee will also be in place for Extension years.

Alternate #1 – Total cost to provide an electronic patient care report application (ESO Solutions Software) utilized by EMS to perform the data transfer necessary to perform services identified. Contractor is responsible for all cost to acquire and maintain the interface.

\$_____.

Alternate #2 – Total cost for Twenty-five (25) new Panasonic Toughbook 33 capable of operating ESO Solutions Software:

Toughbook 33 – computer/tablet
CF-VEK333LMP – keyboard
Operating System: Windows 10 Pro (end of life 10/14/2025)
Warranty end date: 5/31/2022
CPU: Intel Core i5-7300U 2.60GHz
Display: 12.0" QHD Gloved Multi Touch + Digitizer
Memory (RAM): 8GB
Hard drive: 256GB SSD
Wireless: Wi-Fi, Bluetooth

\$_____.

Alternate #3 – Total cost for IT support on the ePCR tablets and software
\$_____.

Describe any Exceptions to the

RFP _____

_____ Signature	_____ Print Name & Title
_____ Company Name	_____ Company Address
_____ Telephone Number	_____ E-Mail Address

APPENDIX B

CONTRACTOR INFORMATION & REFERENCES

As part of Sullivan County's selection of a qualified vendor for ambulance billing services, all contractors must provide information about their business indicating that they have reasonable industry experience and adequate resources to perform the services under this contract.

At a minimum, the Contractor must provide the following information and three (3) references for similar contracts or services performed. Additional information about the contractor's experience, background or resources can be provided as an attachment to the submitted proposal materials.

Legal Name of Company:_____

Street/Mailing Address:_____

Type of Entity (corp., LLC):_____ State Est.:_____

Dun & Bradstreet Number:_____

Main Telephone No.:_____ Fax No.:_____

Number of continuous years in business:_____

Number of Employees: Full-Time:_____ Seasonal/Part-time:_____

Type(s) of ambulance billing software
used:_____

Name & Location of local Office
Facility:_____

**Account Contact/Representative
Information:**_____

CUSTOMER REFERENCES

Provide three (3) government or business references below for services similar to those indicated in the RFP Specifications:

1. Reference Name_____
- Contact Name_____Contact Telephone_____
- Type of Services Performed_____
- _____

2. Reference Name_____
- Contact Name_____Contact Telephone_____
- Type of Services Performed_____
- _____

3. Reference Name_____
- Contact Name_____Contact Telephone_____
- Type of Services Performed_____
- _____

Note: The Contractor Information & Reference sheet must be returned with the proposal.

XIII. Submission Forms

No Contact/No Advocacy Affidavit

State of _____

County of _____

_____, being first duly sworn, deposes and says that:

(1) He/She is the owner, partner, officer, representative, or agent of _____

_____, the Proposer that has submitted the attached Proposal;

(2) The Proposer _____ swears or affirms that he/she will abide by the following “No Contact” and “No Advocacy” clauses:

a) **NO CONTACT POLICY:** After the posting of this solicitation to the Purchasing Division’s website, any contact initiated by any proposer with any Sullivan County representative concerning this proposal is strictly prohibited, unless such contact is made with the Sullivan County Purchasing Agent. Any unauthorized contact may cause the disqualification of the proposer from this procurement transaction.

b) **NO ADVOCATING POLICY:** To ensure the integrity of the review and evaluation process, companies and/or individuals submitting proposals for any part of this project, as well as those persons and/or companies representing such proposers, may not lobby or advocate to Sullivan County staff including, but not limited to, members of Sullivan County Commission, Sullivan County Office of the Mayor, or any other Sullivan County staff.

Any company and/or individual who does not comply with the above stated “No Contact” and “NO Advocating” policies may be subject to having their proposal rejected from consideration.

Signed: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 20__

_____, Notary Public

My Commission expires: _____

NON-COLLUSION AFFIDAVIT

State of _____

County of _____

_____, being first duly sworn, deposes and says that:

- (1) He/She is the _____ of _____, the firm that has submitted the attached Proposal;
- (2) He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
- (3) Such Proposal is genuine and is not a collusive or sham Proposal;
- (4) Neither the said firm nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other vendor, firm or person to submit collusive or sham proposal in connection with the contract or agreement for which the attached Proposal has been submitted or to refrain from making a proposal in connection with such contract or agreement, or collusion or communication or conference with any other firm, or , to fix any overhead, profit, or cost element of the proposal price or the proposal price of any other firm, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against Sullivan County or any person interested in the proposed contract or agreement; and
- (5) The proposal of service outlined in the Proposal is fair and proper and is not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the firm or any of its agents, representatives, owners, employees, or parties including this affiant.

Signed: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 20____,

_____, Notary Public

My Commission expires: _____

IRAN DIVESTMENT ACT AFFIDAVIT

As per Tennessee Code Annotated, Title 12, and effective July 1, 2016:

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to §12-12-106.

Signature

Date