



JACKSON COUNTY PURCHASING DEPARTMENT

TO: EMS Billing Companies

DATE: May 18, 2017

SUBJECT: Request for Proposal and Qualifications for Jackson County Government

You are invited to submit Proposals/Qualifications for the management of billing and collections for the Emergency Medical Services of Jackson County Government, Jefferson, Georgia.

Attached hereto are the general conditions, project overview, and submittal format.

The written requirements contained in this Request for Proposal (RFP) shall not be changed or superseded except by written addendum from Jackson County Finance Department. Failure to comply with the written requirements for this RFP may result in disqualification of the submittal by Jackson County.

Submittals are to be sealed, marked with the offeror's name and address and labeled:

"RFP 170018 "Proposal/Qualifications for EMS Billing and ePCR Services" and delivered to:

Jackson County Finance Department
67 Athens Street
Jefferson, GA 30549

no later than **MONDAY, JUNE 19, 2017 AT 10:00 AM, local time**

A qualified interpreter for the hearing impaired is available upon request at least 10 (ten) days in advance of the proposal receipt date. Please call (706) 367-6312 for more information for the hearing impaired. This service is in compliance with the Americans with Disabilities Act (ADA).

Jackson County reserves the right to reject any and all submittals, to waive any technicalities or irregularities and to award contracts based on the highest and best interest of Jackson County.

JACKSON COUNTY GOVERNMENT
REQUEST FOR PROPOSAL/QUALIFICATIONS
FOR
EMS BILLING AND ePCR SERVICES

SUBMISSIONS ARE DUE AT THE ADDRESS SHOWN BELOW NO LATER THAN

MONDAY, JUNE 19, 2017 AT 10:00 AM, local time

JACKSON COUNTY FINANCE DEPARTMENT
67 ATHENS STREET
JEFFERSON, GA 30549

RFP # 170018

THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS RFP ON OR BEFORE THE STATED DATE AND TIME WILL BE SOLELY AND STRICTLY THE RESPONSIBILITY OF THE OFFEROR.

ISSUE DATE: MAY 18, 2017

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JACKSON COUNTY, GEORGIA
REQUEST FOR PROPOSALS/QUALIFICATIONS
for
EMS BILLING AND ePCR SERVICES

SECTION I - REQUEST FOR PROPOSAL OVERVIEW AND PROCEDURES

A. INTRODUCTION

PURPOSE

The Jackson County EMS Department provides emergency services to the general public twenty-four (24) hours each day, seven (7) days a week; the on-call services have Seven (7) ambulances.

EMS has the following information to provide:

- Total Accounts Billed for 2016 – 4940
- Calls per month on average – 412
- Total call for 2016 – 6630
- Number of transport units in service – 7 front line ambulances

Jackson County is a fast growing county and as more citizens move into the County, more services will be required. The billing system for Jackson County requires up to date details that meet all the requirements of the Federal Affordable Care Act, Medicare, Medicaid, the State, and insurance companies to enable Jackson County to receive payments.

- 1) In order to meet the current needs and provide the services for Jackson County, the services of an EMS Billing Company are needed to provide billing and collections for the services rendered to the public.
- 2) The EMS Billing Company is requested to provide the qualifications of the company along with references of similar operations, especially governmental agencies.

B. INFORMATION TO OFFERORS

1. RFP TIMETABLE

The anticipated schedule for the RFP is as follows:

RFP Available

MAY 18, 2017

Last Day for Questions

JUNE 12, 2017 AT 12:00 NOON

Submittal deadline

**MONDAY, JUNE 19, 2017 AT
10:00 AM, local time**

2. PROPOSAL SUBMISSION:

One (1) original and four (4) copies of the complete signed submittal must be received **MONDAY, JUNE 19, 2017, AT 10:00 AM, local time**. Proposals must be submitted in a sealed envelope stating on the outside, the offeror's name, address, telephone number, the **RFP number 170018** and title (**Proposal/Qualifications for EMS Billing and ePCR Services**) to:

**Jackson County Finance Department
67 Athens Street
Jefferson, GA 30549**

Hand delivered copies may be delivered to the above address ONLY between the hours of 8:30 a.m. and 4:30 p.m. ET, Monday through Friday, excluding holidays observed by the Jackson County Government.

Offerors are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope used by such service.

The Submittal must be signed by a company officer who is legally authorized to enter into a contractual relationship in the name of the offeror.

3. CONTACT PERSON:

Offerors are encouraged to contact Myrna Yarbrough, **Purchasing Manager (706) 367-6309, fax (706) 367-2505 or email myarbrough@jacksoncountygov.com** to clarify any part of this RFP. All questions that arise prior to the due date shall be directed to the contact person in writing via facsimile or email. Any unauthorized contact shall not be used as a basis for responding to this RFP and also may result in the disqualification of the vendor's submittal.

Vendors may not contact any elected official or other County Employee to discuss the proposal process or proposal opportunities. Contact of this nature will result in immediate disqualification of the vendor.

4. ADDITIONAL INFORMATION/ADDENDA

Jackson County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date. Vendors should not rely on any representations, statements or explanations other than those made in this RFP or in any addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum issued will prevail.

Vendors must acknowledge any issued addenda by including the Addenda Acknowledgement Form with the submittal. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the offer if the addendum contains information which substantively changes the Owner's requirements

5. LATE SUBMITTAL, LATE MODIFICATIONS AND LATE WITHDRAWALS
Submittals received after the due date and time will not be considered. Modifications received after the due date will not be considered. Jackson County Government assumes no responsibility for the premature opening of a proposal not properly addressed and identified, and/or delivered to the proper designation.

6. REJECTION OF PROPOSALS
Jackson County Government may reject any and all submittals and reserves the right to waive any irregularities or informalities in any submittal or in the submittal procedure.

Submittals received after said time or at any place other than the time and place as stated in the notice will not be considered.

7. MINIMUM RFP ACCEPTANCE PERIOD
Valid submittals shall not be withdrawn for a period of 90 days from the date specified for receipt of submittals.

8. NON-COLLUSION AFFIDAVIT
By submitting a response to this RFP, the vendor represents and warrants that such proposal is genuine and not a sham or collusive or made in the interest or in behalf of any person not therein named and that the vendor has not directly or indirectly induced or solicited any other vendor to put in a sham proposal, or any other person, firm or corporation to refrain from submitting and that the vendor has not in any manner sought by collusion to secure to that vendor any advantage over any other vendor.

By submitting a proposal, the vendor represents and warrants that no official or employee of Jackson County Government has, in any manner, an interest, directly or indirectly in the proposal or in the contract which may be made under it, or in any expected profits to arise there from.

9. COST INCURRED BY VENDORS
All expenses involved with the preparation and submission of the RFP to the Jackson County Board of Commissioners, or any work performed in connection therewith is the responsibility of the vendor(s).

10. AMERICANS WITH DISABILITIES ACT (ADA)

A qualified interpreter for the hearing impaired is available upon request at least ten (10) days in advance of the proposal due date. This service is in compliance with the Americans with Disabilities Act (ADA). Please call (706) 367-6312 for more information for the hearing impaired.

11. RFP OPENING

The names of the companies who have provided RFP submittals will be read aloud publicly. A list of names of firms responding to the RFP may be obtained from Myrna Yarbrough, Purchasing Manager, after the RFP due date and time stated herein.

12. TAXES.

Selected vendor will be provided with Jackson County's Sales and Use Tax Certificate of Exemption number upon request.

13. VENDOR INFORMATION

All submissions shall include a completed and current W-9. Vendors whose place of business is other than the State of Georgia may be required to provide the Purchasing Manager with copies of your state's regulations and/or laws concerning the application of certain vendor preference requirements to vendors whose place of business is in the applicable state. Failure to provide this information will result in the disqualification of the vendor from submitting a proposal.

14. INSURANCE

Selected vendor will be required to provide proof of liability and workman's compensation insurance before work can begin on this County project. Workman's Compensation Insurance should be as required by the State of Georgia. General Liability should cover \$1,000,000 per incident.

15. TERMINATION

Federal, State, and other Local government agencies may terminate this Agreement in the event funds are not appropriated for it in future periods; provided, however, that funds are also not appropriated for equipment or services that replace those contracted for under this Agreement. Customer shall be obligated for any future annual period if Company is not notified in writing at least thirty (30) days prior to the beginning for the annual period for which non-appropriation is being claimed. Both parties may terminate this contract without prejudice by providing 30 days written notice to the other party at any time during the contract.

16. ANTI-DISCRIMINATION

By submitting a response to this RFP, all perspective contractors certify to Jackson County that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended.

17. ILLEGAL IMMIGRATION REFORM AND ENFORCEMENT ACT OF 2011

Vendors submitting a response to this RFP must complete the Contractor Affidavit under O.C.G.A. §13-10-91(b)(1) which is provided with the RFP package to verify compliance with the Illegal Immigration Reform and Enforcement Act of 2011.

- A. The form must be signed by an authorized officer of the contractor or their authorized agent.
- B. The form must be notarized.
- C. The contractor will be required to have all subcontractors and sub-subcontractors who are engaged to complete physical performance of services under the final contract executed between the County and the contractor complete the appropriate subcontractor and sub-subcontractor affidavits and return them to the County a minimum of five (5) days prior to any work being accomplished by said subcontractor or sub-subcontractor. Format for this affidavit can be provided to the contractor if necessary.

SECTION II – SCOPE OF WORK

A. BACKGROUND :

Since October 2014, Jackson County EMS utilizes Ambulance Medical Billing (AMB) for billing ambulance charges and they are charging 4.95% of monies collected as their fee for services rendered. This solicitation is being released to obtain a new Management Company to perform this function for Jackson County. Since this contract will be initiated mid-year, the first term of the contract will cover the period from the date of the contract acceptance by the Board of Commissioners until the end of the County's fiscal year on December 31, 2017. The contract will automatically renew for a period of five (5) additional one-year terms starting on January 1st of each year unless the contract is terminated according to the termination information listed Section 1.

The resulting contract that is completed as a result of this RFP shall fall under the jurisdiction of Jackson County and the State of Georgia. Any disputes between the parties concerning validity, interpretation or performance of any of the terms or provisions of this contract or any rights or obligations of the parties hereto shall be resolved in the State of Georgia.

B. RESPONSIBILITIES AND GOALS:

- 1) Provide comprehensive billing services including insurance, Medicare, Medicaid and private pay for all ambulance charges. Billing services should utilize the latest technology advances to create the most efficient billing system for both the County and the vendor. Any specialized equipment purchased by the vendor for the purpose of establishing the billing system will remain the property of the vendor and will be returned to the vendor at the termination of the contract.
- 2) The Jackson County EMS Department currently utilizes Sansio, Health Management Systems software for our current electronic computer systems to complete Patient Care Reports and Billing Sheets. Vendors may propose alternate software, however the vendor must configure billing export and import setup. The vendor will be responsible for all start-up cost, training, licensing and renewal fees to meet all requirements of the current ePCR reporting system. Currently, the annual cost for this software license is \$12,000.00, which will be paid by the vendor.
- 3) The vendor will coordinate with the County's Information Technology Department for the establishment of any software or specialized technology that is necessary to create and maintain an effective billing system.
- 4) Jackson County employees who are transported by the Jackson County EMS Department because of a work related incident that will be covered under the County's Worker's Compensation Insurance will be identified and exempt from billing.

- 5) The vendor shall train County personnel on any software and/or special operating procedures to ensure a successful billing process. Vendor should also provide continuing on-site or electronic training on changes/new trends at least annually or on an as needed basis with major changes to billing laws.
- 6) Maintain compliance with all federal and state regulations governing Medicare, Medicaid and insurance billing.
- 7) The vendor shall monitor and correct any over payments by any payor by notifying the said agency and Jackson County of this and make adjustments to correct any over payments.
- 8) Vendor must download/upload reports to the state system as required by the Georgia Department of Health on a minimum basis of bi-weekly or according to the Department of Health requirements should they change.
- 9) The vendor should maintain certified ambulance coders on staff with certification through the National Academy of Ambulance Coders (NAAC). The vendor shall provide documented proof of continuing education being provided its staff should the County request such. Vendor will handle all, with assistance from EMS Staff personnel, the certification and/or recertification for licensing in Medicare, Medicaid, Worker's Compensation, private insurance, and/or any other billable agencies that require us to be licensed or certified in their systems.
- 10) An active Quality Assurance and Internal Auditing Controls program for detecting, correcting, and avoiding process errors shall be maintained.
- 11) Vendor will review and assist in all Medicare and Medicaid audits as required and will complete/correct issues as necessary to keep Jackson County in compliance with applicable laws.
- 12) Maintain compliance with all HIPPA regulations.
- 13) Accounts billed in a timely manner and according to the correct rates established by the County. Completed and released for billing transports should be billed within seven (7) calendar days of the person being released as a billable call and shall be billed in compliance with the Fair Debt Collection Practices Act. It is the responsibility of the vendor to collect all owed funds. Electronic filing is the required method of filing primary Medicare and Medicaid claims. Electronic filing is the preferred method of filing to all other guarantors, if applicable. Otherwise, paper invoices may be issued directly to appropriate patient guarantors.
- 14) The vendor shall pre-screen all claims to confirm compliance with guarantor's guidelines (i.e. physician certification statements, assignment of benefits signature forms, medical necessity documentation).
- 15) All records of billings and collections will be maintained for seven (7) years for audit/legal purposes. The County may inspect these files at any time during the duration of this contract.
- 16) Provide monthly reports detailing all accounts billed, total charges billed, and totals for each provider type. Report should also include totals transferred to collections, contractual adjustments, write offs and totals in net receivables. The types of reports that will be provided should be detailed in the vendor's proposal. These reports must be submitted to Jackson County on or before the 10th of each month and should clearly demonstrate that the vendor is administering a

successful billing service for medical transport, emergency, non-emergency and diagnostic care rendered, and other types of emergency billing as well as conducting collection services for past due accounts. Additionally, vendor will provide any and all reports requested by Jackson County EMS that will assist them with their day-to-day operations.

- 17) Refunds shall be processed by the Firm and submitted to Jackson County with supporting documentation for review and final authorization to pay by the County. The County will make the payment of all refund requests upon receipt of the appropriate documentation from the vendor. Jackson County regards "net cash collections" as the total funds collected less refunds issued as a result of overpayments or erroneous payments.
- 18) Obtain patient or family signature for billing purposes when obtaining that signature is not possible by EMS personnel. Along with obtaining the patient signature sheets, the vendor will also need to obtain hospital to hospital transfer sheets, face sheets from hospitals, or any additional information not provided by the initial EMS Billing/Patient Care Reports.
- 19) Vendor will handle and return requests for record releases and the forms associated with these releases. Vendor will be responsible for billing for such requests.
- 20) Vendor must be able to bill third and first party requests (i.e. request from a lawyer's office) for trip sheets and/or information if necessary.
- 21) To provide collection service for all past due accounts. If a third party collection service is to be utilized, the company will be approved by the County. The cost for a third party collection service will be the responsibility of the vendor and not the County. If a third party collection company is used, all collection and receivables data must be incorporated in to the reports mentioned in item 17.
- 22) To attempt collection of all accounts current and in a past due status at the time of transferring services to the new vendor.
- 23) The vendor will be solely responsible for any errors in billing and will be responsible for any fees or fines associated with unapproved billing practices.

OUTCOMES:

- 1) Maximize EMS collections through accurate and complete claims filed in a timely manner.
- 2) Maximize EMS collections by effective collection of past due accounts.

BACKGROUND STATISTICS:

- 1) Total billable calls in 2016 - 4940
- 2) Gross Revenues in 2016 - \$3,153,677
- 3) Net percentage of collections in 2016 – 51.4%
- 4) Current Service Rates
 - ALS2 - \$750
 - ALS1 - \$650
 - BLS Emergency - \$650
 - BLS Non-Emergency - \$525

Mileage - \$12

Current service mix and payer mix below:

ALS Emergency – 71% (\$2,240,356)

ALS Non-Emergency – Less than 1% (\$2750)

BLS Emergency – 26.1% (\$822,281)

BLS Non-Emergency – Less than 1% (\$9225)

ALS 2 – 1.8% (\$57,715)

SCT – Less than 1% (\$200)

Self Pay: 20.8%

Medicare: 31.8 %

Medicaid: 8.5%

Medicare HMO: 6.5 %

Medicaid MCO: 4.3%

Commercial/Auto/Other: 18.3%

Workers Comp: .6%

Blue Cross: 8.7%

Tricare: 0.5%

- 5) Call Volume – Total calls in 2016 were 6630 and all were classified as emergency calls
- 6) Number of EMS personnel requiring training from the vendor – 40 full time and 52 part time
- 7) Reports from the Jackson County EMS are uploaded daily to the current vendor
- 8) The Jackson County EMS would like to meet with the vendor quarterly to discuss successes and concerns. This meeting can be conducted by teleconferencing or video conferencing.
- 9) Annually, about 100 Medicare accounts are not filed each year due to the lack of a valid signature.
- 10) Loaded transport miles per transport are about 22 miles.
- 11) Fees were increased in the 2016 budget and there are currently no plans to increase the fees in the 2018 budget year that is about to begin consideration.
- 12) A copy of the most recent Year End Report from the current provider is attached.
- 13) Type of cardiac monitors used is Phillips MRX with 12 lead transmitting capability.
- 14) List of hospitals transported to: Piedmont Athens Regional, North East GA Medical Center (Gainesville, Braselton, Barrow), Northridge in Commerce, Gwinett Medical, St. Mary's (Athens) and special request transport to Atlanta area hospitals.



Jackson County EMS
Financial Summary - 01/01/2016 to 12/31/2016

Jackson County EMS	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	YTD TOTALS
Beginning AR	\$ 1,544,452.23	\$ 1,261,912.73	\$ 1,274,430.20	\$ 1,376,530.73	\$ 1,255,997.61	\$ 1,170,320.16	\$ 1,241,305.60	\$ 1,235,849.74	\$ 1,404,136.79	\$ 1,400,326.23	\$ 1,237,360.39	\$ 1,459,165.42	\$ 1,544,452.23
Charges	\$ 284,372.15	\$ 314,133.25	\$ 374,408.60	\$ 328,036.71	\$ 295,680.20	\$ 291,467.20	\$ 254,088.20	\$ 419,533.20	\$ 333,616.59	\$ 285,543.98	\$ 425,773.61	\$ 339,226.69	\$ 4,089,109.40
Contractual Adjustments	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)	\$ (60,392.27)
Gross Net Charges	\$ 223,979.88	\$ 253,740.98	\$ 314,016.33	\$ 267,644.44	\$ 235,287.93	\$ 231,074.93	\$ 193,695.93	\$ 359,140.93	\$ 273,224.32	\$ 225,151.71	\$ 365,381.34	\$ 278,834.42	\$ 4,028,717.13
Courtesy Discounts	\$ (1,200.96)	\$ (207.89)	\$ (306.35)	\$ (1,477.72)	\$ -	\$ -	\$ (1,574.89)	\$ (2,768.24)	\$ (250.00)	\$ (481.50)	\$ (201.19)	\$ -	\$ (9,188.37)
Bad Debt Write Off	\$ (277,796.25)	\$ (84,434.15)	\$ (124,121.04)	\$ (190,538.37)	\$ (180,274.92)	\$ (72,026.43)	\$ (93,658.29)	\$ (108,005.36)	\$ (111,798.06)	\$ (109,891.40)	\$ (71,564.23)	\$ (115,282.90)	\$ (1,547,333.55)
Bad Debt Recovery	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance Payments	\$ (1,214,617.15)	\$ (853,459.15)	\$ (650,000.00)	\$ (694,189.15)	\$ (1,247,111.15)	\$ (85,361.15)	\$ (1,058,331.15)	\$ (1,058,331.15)	\$ (1,058,331.15)	\$ (1,058,331.15)	\$ (1,058,331.15)	\$ (1,058,331.15)	\$ (1,058,331.15)
Adjusted Charges	\$ (71,601.53)	\$ 188,445.45	\$ 197,448.83	\$ 33,822.56	\$ 35,165.51	\$ 221,170.08	\$ 124,741.04	\$ 252,467.63	\$ 136,175.04	\$ 67,362.56	\$ 270,908.69	\$ 140,551.90	\$ 1,576,421.80
Insurance Refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Patent Refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Returned Checks	\$ 810.01	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 810.01
Total Refunds	\$ 810.01	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 810.01
Insurance Payments	\$ (204,362.03)	\$ (81,897.13)	\$ (122,720.79)	\$ (137,512.89)	\$ (100,369.95)	\$ (130,668.57)	\$ (110,317.53)	\$ (89,347.30)	\$ (118,414.40)	\$ (136,798.69)	\$ (131,413.26)	\$ (106,572.13)	\$ (1,472,681.72)
Bad Debt Recovery	\$ (11,300.39)	\$ (14,890.61)	\$ (19,269.52)	\$ (17,212.82)	\$ (15,456.46)	\$ (21,504.48)	\$ (13,676.47)	\$ (14,262.40)	\$ (13,145.00)	\$ (13,900.00)	\$ (8,584.39)	\$ (8,073.33)	\$ (183,333.23)
Total Payments	\$ (215,662.42)	\$ (96,787.74)	\$ (141,990.31)	\$ (154,725.71)	\$ (115,826.41)	\$ (152,173.05)	\$ (123,994.00)	\$ (103,609.70)	\$ (131,559.40)	\$ (150,698.69)	\$ (140,000.00)	\$ (114,645.46)	\$ (1,656,014.95)
Net Payments	\$ (214,852.41)	\$ (96,586.76)	\$ (141,683.98)	\$ (153,338.15)	\$ (115,660.90)	\$ (150,993.13)	\$ (123,252.96)	\$ (103,342.07)	\$ (130,384.40)	\$ (149,336.13)	\$ (139,638.61)	\$ (113,893.56)	\$ (1,655,204.94)
Ending AR	\$ 1,261,912.73	\$ 1,261,912.73	\$ 1,274,430.20	\$ 1,376,530.73	\$ 1,255,997.61	\$ 1,170,320.16	\$ 1,241,305.60	\$ 1,235,849.74	\$ 1,404,136.79	\$ 1,337,349.00	\$ 1,459,165.42	\$ 1,482,855.88	\$ 1,482,855.88
COLLECTION ACCOUNTS ACTIVITY													
PRIOR ACTS IN COLL	\$ 565,640.18	\$ 835,471.71	\$ 808,557.86	\$ 1,024,462.38	\$ 1,211,554.40	\$ 1,381,174.67	\$ 1,433,885.02	\$ 1,518,893.31	\$ 1,672,592.25	\$ 1,713,382.70	\$ 1,810,561.53	\$ 1,859,536.63	\$ 565,640.18
ACCOUNTS SENT TO COLL	\$ 62,435.57	\$ 98,637.03	\$ 124,548.16	\$ 200,938.60	\$ 185,197.88	\$ 78,784.38	\$ 97,824.26	\$ 113,234.77	\$ 115,225.19	\$ 120,899.78	\$ 77,428.08	\$ 115,892.84	\$ 1,380,627.65
ADJUSTMENTS	\$ 214,320.68	\$ (2,452.88)	\$ (1,177.12)	\$ (2,101.29)	\$ (5,822.76)	\$ (6,587.66)	\$ (6,230.97)	\$ (6,000.31)	\$ (3,430.33)	\$ (9,784.60)	\$ (8,188.80)	\$ (2,897.38)	\$ 182,522.69
BAD DEBT RECOVERY	\$ (8,924.72)	\$ (11,118.00)	\$ (7,446.59)	\$ (11,779.32)	\$ (10,600.46)	\$ (20,238.30)	\$ (3,009.00)	\$ (3,011.50)	\$ (11,004.61)	\$ (3,855.29)	\$ (20,234.43)	\$ (9,870.54)	\$ (145,788.41)
ENDING ACTS IN COLL	\$ 830,471.71	\$ 900,837.66	\$ 1,024,462.38	\$ 1,211,554.43	\$ 1,381,174.67	\$ 1,433,885.02	\$ 1,518,893.31	\$ 1,612,592.25	\$ 1,713,382.70	\$ 1,810,561.53	\$ 1,859,536.63	\$ 1,962,921.55	\$ 830,471.71
MONTHLY OPERATING RATIOS													
Primary Claims (Total # of CLAIMS (Net)	572	500	611	584	549	593	498	473	477	520	583	550	6230
Total # of UNITS filed on all claims	1145	1054	1222	1160	1056	1165	986	946	953	1260	1127	1100	13053
Rate	395	451	439	382	348	483	351	490	389	348	501	403	4940
Dentals (# of Units)	94	137	207	167	135	92	46	45	66	117	113	103	1222
Gross Days in AR	133.2	122.6	127.4	111.4	105.7	110.2	112.9	113.9	120.7	113.9	124.4	125.9	
Avg Charge/Transport	\$ 719.42	\$ 686.53	\$ 852.85	\$ 900.65	\$ 850.18	\$ 845.50	\$ 849.25	\$ 856.29	\$ 857.63	\$ 848.69	\$ 850.85	\$ 841.75	\$ 829.58
Avg Revenue/Transport	\$ 553.80	\$ 265.51	\$ 240.40	\$ 450.23	\$ 377.96	\$ 398.10	\$ 306.77	\$ 158.41	\$ 370.16	\$ 473.12	\$ 320.67	\$ 306.96	\$ 361.68



Jackson County EMS ATB by Payer Group

Group	Cur	31-60	61-90	91-120	121-150	151-180	> 180	Total
Blue Cross	\$12,717.56	\$20,679.74	\$8,538.62	\$11,450.98	\$9,739.42	\$11,024.92	\$24,133.50	\$98,284.74
Champus/Ticare	\$0.00	\$3,503.61	\$2,406.00	\$1,680.40	\$1,597.60	\$2,632.80	\$2,709.77	\$14,530.18
Commercial Insurance	\$44,661.23	\$22,429.55	\$16,954.67	\$11,578.69	\$9,107.48	\$8,876.00	\$78,435.94	\$192,045.56
Facilities	\$987.20	\$0.00	\$884.00	\$0.00	\$0.00	\$0.00	\$2,402.51	\$4,273.71
Medicaid	\$22,744.64	\$14,459.60	\$6,718.34	\$3,128.50	\$3,565.01	\$19,172.02	\$38,177.70	\$107,955.81
Medicaid MCO	\$6,694.00	\$7,216.80	\$3,799.60	\$3,806.00	\$0.00	\$0.00	\$3,404.33	\$24,920.73
Medicare	\$78,756.00	\$7,609.88	\$5,718.62	\$7,661.39	\$0.00	\$3,103.41	(\$761.96)	\$102,087.84
Medicare/Advantage	\$12,775.60	\$1,990.87	\$778.40	\$668.03	\$2,804.52	\$1,454.76	\$6,927.29	\$27,399.52
Private Pay	\$126,868.85	\$121,505.41	\$126,652.56	\$74,603.69	\$35,429.56	\$16,524.34	\$63,730.44	\$565,334.65
Veterans Admin	\$961.60	\$1,757.20	\$1,638.40	\$887.60	\$938.00	\$886.40	\$8,352.25	\$15,441.45
Workers Comp	\$0.00	\$987.60	\$915.20	\$850.40	\$1,878.60	\$3,737.15	\$3,718.22	\$12,087.37
Grand Totals	\$307,206.48	\$202,140.26	\$175,004.41	\$116,316.23	\$65,050.39	\$67,413.80	\$231,229.99	\$1,164,361.56

Jackson County EMS
Closing Balance



AR Previous Balance: \$1,137,912.53

	Qty	Amounts
Blue Cross	22	\$18,047.60
Commercial Insurance	58	\$49,116.80
Facilities	1	\$987.20
Medicaid	28	\$23,251.20
Medicaid MCO	10	\$8,354.00
Medicare	110	\$92,319.20
Medicare/Advantage	22	\$18,685.20
Private Pay	151	\$126,567.60
Veterans Admin	1	\$981.60
Workers Comp	1	\$915.20
Charges	404	\$339,225.60

Transaction Type Summary - Charges - Payments and Write Offs

Invoice

INV INVOICE	\$322,728.80
INVP Invoice Prior Periods	\$25,040.40
INVPR Invoice Prior Period Reversals	(\$7,652.40)
INVR INVOICE REVERSAL	(\$891.20)
	\$339,225.60

Payment

304-Commercial Recoup	\$678.21
401 MEDICARE PAYMENT	(\$48,465.81)
402 MEDICAID PAYMENT	(\$9,339.98)
403 BLUE CROSS PAYMENT	(\$1,266.89)
404 COMMERCIAL INS PMT	(\$13,761.60)
405 TRICARE PAYMENT	(\$322.79)
406 MCO PAYMENT	(\$3,250.82)
407 WORKERS COMP	(\$862.40)
409 SPECIAL CONTRACT PMT	(\$354.84)
418 INS PMT BY CREDIT CARD	(\$2,085.06)
422 CHECK PAYMENT MARS	(\$4,776.01)
423 CREDIT CARD PMT MARS	(\$1,752.56)
430 BAD DEBT RECOVERY PT CC	(\$783.94)
432 BAD DEBT RECOVERY PT CHK	(\$1,718.83)
433 BAD DEBT RECOVERY CBS RMT	(\$3,255.10)
MEDICARE MCO PAYMENT	(\$30,621.22)
	(\$121,939.64)

WriteOff

3841 CHARITY DISCOUNT	(\$117.40)
501 MEDICARE ADJUSTMENT	(\$34,905.49)
502 MEDICAID ADJUSTMENT	(\$21,651.52)
504 COMMERCIAL INS ADJ	(\$1,412.44)
506 MCO ADJUSTMENT	(\$3,043.88)
509 SPECIAL CONTRACT ADJ	(\$128.40)
518 INS ADJ BY CC PMT	(\$93.39)
525 CREDIT CARD PMT FEE	(\$243.24)
532 BAD DEBT WRITE OFF	(\$2,007.46)
MEDICARE MCO ADJUSTMENT	(\$27,257.31)
WO WRITE OFF	(\$978.80)
	(\$91,839.33)

Debit

561 ADDL MONEY CHARGE BACK	\$6,254.80
	\$6,254.80

BadDebt

534 BAD DEBT W/O COLL-TO AGENCY	(\$115,663.97)
BADAR BAD DEBT ADJ REVERSAL	\$2,179.64
BADPR BAD DEBT PAYMENT REVERSAL	\$8,231.93
	(\$105,252.40)

Accounts Receivable Change	\$26,449.03
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Total Balance Forward:	\$1,164,361.56
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SECTION III - PROPOSAL FORMAT

All proposals received will become a part of the official contract file and may be subject to disclosure.

A. PROPOSAL FORMAT

All proposals should include the information outlined below and in the following order:

1. Cover Letter: A brief cover letter of introduction and interest.
2. Business Information: State the full name and address of your organization and the branch office or other subordinate element that will perform the services described in the proposal. Include telephone number, point of contact and official signature of an authorized company representative. Indicate whether your firm operates as a single proprietorship, partnership or corporation.
3. Understanding of the Project: Statement of the firm's understanding of the project and proposed approach for providing requested services shall include at a minimum the following:
 - Detailed explanation of how your firm plans to accomplish the specific tasks related to this project throughout all phases.
4. Additional Services Required: Based on the firm's understanding of the project, identify any additional services that might be required for a successful project.
5. Project Team: An organization chart and summary resumes of key personnel proposed for the project, including designations of the team leader, the point of contact responsible for all communications with the Jackson County EMS Director and all proposed sub-consultants and description of their roles.
6. Reference Projects: Provide the points of contacts and phone numbers of at least five (5) references for billing/collection operations for agencies of similar size as Jackson County.
7. Other Relevant Information: Include any other relevant information concerning the project in this section. This section should contain all the required forms mentioned in this RFP that must be returned with the proposal (i.e. vendor form, W-9, AP Certification, Immigration Form, Addenda Form, Contractor Qualifications, etc.)
8. Cost of Services: In a separate sealed envelope attached to the original copy of the proposal, the vendor will provide a copy of their company's contract that outlines in detail services to be rendered and the cost to Jackson County. Cost should be expressed as a percentage of the total monies collected for the month less refund and/or credit amounts and this portion of the contract should be highlighted so that it can easily be identified. Rates should be sufficient to cover all costs of operations (i.e. telephones, office supplies, postage, overhead expenses, administrative support, etc.) so that no additional fees will be charged.

SECTION IV - SELECTION PROCESS AND EVALUATION CRITERIA

A. EVALUATION CRITERIA

Based on the proposal format as outlined, the evaluation criteria in order of importance are as follows:

1. UNDERSTANDING OF THE PROJECT and proposed technical approach. Jackson County will assess whether the contractor has given sufficient evidence of having understood the requirements stated in the RFP. Jackson County will assess whether the firm has proposed a solution that is technically feasible and achievable within the constraints of the RFP.
2. PROJECT TEAM Management and Staffing Approach. Jackson County will assess firm's ability to effectively manage personnel, provide experienced and qualified key personnel and respond rapidly to staffing requirements. **Qualifications of Key Personnel:** Jackson County will assess the ability of the firm to hire, retain and train qualified technical personnel similar to those required for this task.
3. QUALIFICATIONS AND EXPERIENCE of staff assigned to the projects. **Experience on Similar Projects:** Jackson County will assess whether firms performed satisfactorily on similar projects regarding schedules, turnover rates, meeting costs and success in performing the work. References may be requested for validation of the information provided by the vendor.
4. REFERENCES & REFERENCE PROJECTS including applicable past work with the Jackson County Government. **Past Performance:** Jackson County will assess customer satisfaction with the vendor on prior projects. References may be requested for validation of the information provided by the vendor.
5. QUALITY ASSURANCE AND CONTROL PLAN. Jackson County will assess whether the firm has a process of addressing quality of performance and a plan for ensuring that deliverables conform to the Scope of Work and are provided timely.

B. PROPOSAL EVALUATION AND CONTRACT AWARD

Based on the evaluation criteria, the Selection Committee will review and assign a score to each proposal. Proposals, which rank highest upon completion of the scoring process, will be short-listed. The number of short-listed firms will depend on the total number of submitted proposals. These short listed firms may be invited to make a formal presentation/interview of their firm's experience, project approach and qualifications and will be invited to provide a cost/price proposal. Upon completion of the short-listed firm's presentations/interviews, the Selection Committee will then score each presentation and the highest rated firm, after the presentation/interview scoring process, considering price and price related factors, will be recommended for award. Jackson

County will assess whether the price is reasonable and in align with industry standards. Cost/Price will be evaluated as a separate factor and will not have a ranking number assigned to it.

SECTION V - CONTRACTOR'S QUALIFICATIONS

STATEMENT OF CONTRACTOR'S QUALIFICATIONS (To be subscribed and sworn to before a Notary)

All questions must be answered and the data given must be clear and comprehensive. This statement must be notarized. If necessary, questions may be answered on separate attached sheets. The Firm may submit additional information. Attach all additional sheets to this Request for Proposal.

Legal Name of Firm: _____

Permanent Main Office Address: _____

When organized _____

If a Corporation, where incorporated? _____

Number of years engaged in the contracting business under your present firm or trade name?

The foregoing statement of qualifications is submitted under oath.

Under oath, I certify that I am a principal or other representative of the firm of _____ and that I am authorized by it to execute the foregoing offer on its behalf. I am a principal person of the foregoing with management responsibility for the foregoing subject matter and as such I am personally knowledgeable of all its pertinent matters. The foregoing statements of acts in the foregoing proposal are true.

I Certify that this Proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same materials, labor, supplies or equipment and is in all respects fair and without collusion or fraud. We understand collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards. We agree to abide by all conditions of this proposal.

The full names and addresses of persons and firms interested in the foregoing proposal as principals are as follows:

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated this _____ day of _____, 20____.

Respectfully Submitted

Name of Company _____

Address _____

Business Telephone Number (_____) _____

By: _____

Title

State of _____

County of _____

_____ being duly sworn exposes and says that he

or she is _____ of _____ and that the answers to the foregoing

questions and all statements therein contained are true and correct.

Subscribed and sworn to

before me this _____ day of _____, 20____.

(SEAL)

Notary Public

My Commission Expires: _____, 20____.

SECTION VI - ADDENDA ACKNOWLEDGEMENT

The Offeror has examined and carefully studied the Request for Proposals and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No. _____

Addendum No. _____

Addendum No. _____

Addendum No. _____

Authorized Representative/Title
(Print or Type)

Authorized Representative (Date)
(Signature)

Vendors must acknowledge any issued addenda. Proposals which fail to acknowledge the offeror's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes the Owner's requirements.

Illegal Immigration Reform and Enforcement Act of 2011
CONTRACTOR AFFIDAVIT UNDER O.C.G.A. §13-10-91(b)(1)

The Jackson County Board of Commissioners and Contractor agree that compliance with the Illegal Immigration Reform and Enforcement Act of 2011 are conditions of this Agreement for the physical performance of services.

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 the Jackson County Board of Commissioners 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 and 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:

E-Verify Employment Eligibility Verification User Identification Number

Date of Authorization to Use Federal Work Authorization Program

NAME OF CONTRACTOR

EMS Billing and ePCR Services

Name of Project

Jackson County Board of Commissioners

Name of Public Employer

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

Executed on _____, _____, 20__ 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 _____, 20__

Notary Public

My Commission Expires: _____