

# **REQUEST FOR PROPOSAL**

## **EMS MEDICAL BILLING SERVICES**

**RFP #2015-01**



Issued By:  
Baker County Board of County Commissioners  
55 N. 3<sup>rd</sup> St.  
Macclenny, FL 32063  
(904) 259-3613

Website: <http://www.bakercountyfl.org>

**Due Date/Time for Receipt of Proposals:**  
**April 24, 2015 @ 3 p.m.**

## **I. INSTRUCTIONS TO PROPOSERS**

Qualified firms are invited to submit a proposal to furnish EMS AMBULANCE BILLING SERVICES for Baker County by replying to the enclosed specification. In order for your proposal to be considered, you must fill in completely all items in this specification.

Proposals should be submitted in a sealed package clearly marked with the RFP title and due date. If more than one package is submitted, they should be marked 1 of 2, etc.

An original and three (3) copies of the proposal plus one (1) electronic copy shall be sealed and clearly marked on the outside: "Request for Proposal – EMS Ambulance Billing Services RFP# 2015-01" to:

BAKER COUNTY  
COUNTY ADMINISTRATION OFFICE  
55 N. 3<sup>RD</sup> ST.  
MACCLENNY, FL 32063

Proposals must be received at the above address **no later than 3:00 p.m., Friday, April 24, 2015**. Late proposals will not be considered, regardless of the reason.

### **INTERPRETATION OF SPECIFICATION**

During the proposal period, questions of interpretation and clarification should be directed to: David Richardson, EMS Director (drichardson@nefcom.net). Questions should be submitted at least seven (7) days before the due date of the RFP. It is preferred that all questions be submitted in writing, via email. Please note that no part of a proposal may be submitted via email.

Any questions answered during the proposal period, if said answer affects the essence of the proposal, will be incorporated in an addendum, which will be forwarded equally to all proposers. No verbal instructions or interpretations of drawings and specifications will be made other than indicated above.

## **II. INFORMATION FOR PROPOSERS**

### **REQUEST FOR PROPOSAL**

This Request for Proposal (RFP) provides interested vendors with sufficient information to enable them to prepare and submit proposals for consideration by Baker County.

This RFP contains instructions governing the proposals to be provided, requirements which must be met for eligible consideration, general evaluation criteria, and other requirements to be met by each proposal.

The County reserves the right to accept or reject any or all proposals received as a result of this request, or to negotiate separately with competing contractors, and to waive any informalities, defects, or irregularities in any proposal.

The County reserves the right to accept the proposal of a vendor other than that of the lowest bidder.

Proposals should be simple and economical, providing a straight-forward, concise description of the vendor's ability to meet the requirements of the RFP.

To be considered, vendors must submit a complete response to this RFP using the format provided. Each proposal must be submitted in three (3) copies and one (1) electronic copy. Proposals must be signed by an official authorized to bind the vendor to its provisions.

### CONTRACTUAL CONDITIONS

For this RFP, the proposal must remain valid for at least ninety (90) days. Moreover, the contents of the proposal of the successful bidder may become contractual obligations if a contract is entered into.

The amount for the services to be rendered will be negotiated with the firm selected, and said firm will be required to enter into a formal agreement with Baker County. The County reserves the right to delete or amend any of the services as listed and described in this RFP.

If a satisfactory contract cannot be negotiated, negotiations will be formally terminated. Contract negotiation will then be started with the first alternate vendor.

The content of the RFP and the successful vendor's proposal will become an integral part of the contract, but may be modified by the provisions of the contract.

The successful vendor will be required to include a disclosure statement of any potential conflicts of interest that the firm may have due to other clients, contracts, or interest associated with this project.

The selected vendor will be required to assume responsibility for all services offered in the proposal whether or not she or he provides them. Further, the County will consider the selected vendor to be the sole point of contact with regard contractual matters.

News releases pertaining to this project will not be made without prior County approval.

### KNOWLEDGE OF CONDITIONS

At the time of the opening of the proposals, each proposer will be presumed to have inspected any sites and to have read and to have been thoroughly familiar with the specifications.

The proposer shall satisfy himself as to the nature and location of the work and general and local conditions. He or she shall gain full knowledge of working conditions and other facilities in the area which will have a bearing on the performance of his or her work. Any failure by the proposer to acquaint himself/herself with all of the available information shall not relieve that proposer from any responsibility for performing all work properly. No additional compensation shall be allowed for conditions increasing the proposers cost which were not known, or appreciated by, that proposer when submitting the proposal.

The County may consider informal any proposal not prepared and submitted in accordance with the provisions hereof. Proposers shall understand that the County will not be responsible for any errors or omissions by the proposer in the presentation of the response.

All materials submitted become the property of the County, and may be returned only at the County's option. The County has the right to use any or all ideas presented in any reply to the RFP. Selection or rejection of the proposal does not affect this right.

### CRITERIA FOR SELECTION

All proposals received from vendors will be reviewed and evaluated by a committee of qualified personnel. This committee will recommend for selection the proposal which most closely meets the requirements of the RFP.

The following criteria will be of major importance in making the selection:

- A. **QUALIFICATIONS:** Ability of the vendor to satisfy requirements specified in Scope of Work including, but not limited to, firm's qualifications/experience.
- B. **TECHNICAL:** Vendor's plan for accomplishment of the task to include the quality of personnel assigned to the project; understanding of the scope of work; collection philosophy including recent collection experience; technology and equipment.
- C. **PRICE/FEES**
- D. **OTHER:** Including responses from client references; location; government experience.

### PROPOSER'S WARRANTY

The undersigned person warrants that:

1. She/he is an officer of the organization.
2. She/he is authorized to offer a proposal in full compliance with all requirements and conditions as set forth in the RFP.

3. She/he has fully read and understands the RFP and has full knowledge of the scope, nature, quantity and quality of the work to be performed, and the requirements and conditions under which the work is to be performed.

PROPOSER: \_\_\_\_\_

BY:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT NAME & TITLE)

\_\_\_\_\_  
(NAME OF COMPANY)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(TELEPHONE NUMBER)

### **III. VENDOR INFORMATION**

#### **PURPOSE**

The Baker County Board of County Commissioners, hereinafter referred to as the “COUNTY”, is seeking proposals from qualified firms, hereinafter referred to as the CONTRACTOR, to PROVIDE EMS AMBULANCE BILLING SERVICES, for Baker County EMS (BCEMS) in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).

#### **ELIGIBILITY**

To be eligible to respond to this RFP, the proposing firm must demonstrate that they, or the principals assigned to the project, have successfully completed services, similar to those specified in the Scope of Services section of this RFP, to at least one governmental entity within the State of Florida and are licensed, insured, bondable and HIPPA compliant in the State of Florida.

The proposal should demonstrate at least three years of documented, successful experience with and current knowledge of ambulance services billing. Experience must include filing claims with government programs such as Medicare and Medicaid, as well as commercial health insurance programs (HMO's and PPO's) and the processing of at least 2650 transports per year, with a minimum of a documented 75% collection percentage rate.

## VARIANCES

While the COUNTY allows CONTRACTORS to take variances to the RFP terms, conditions, and specifications, the number and extent of variances taken will be considered in determining proposal responsiveness and in allocating proposal evaluation points.

## PUBLIC ENTITY CRIMES

Any person submitting a bid or proposal in response to this invitation certifies that they are aware of, and in compliance with, all requirements under Section 287.133, Florida Statutes, on Public Entity Crimes. Prior to bid award, the recommended vendor may be required to submit a sworn statement attesting to compliance with said statute.

## CONFIDENTIAL INFORMATION

Florida law provides that municipal records shall at all times be open for personal inspection by any person. Section 119.01, F.S., The Public Records Law. Information and materials received by the COUNTY in connection with all Proposers' responses shall be deemed to be public records subject to public inspection upon award, recommendation for award or 10 days after bid opening, whichever occurs first. However, certain exemptions to the public records law are statutorily provided for in Section 119.07, F.S. Therefore, if the Proposer believes any of the information contained in his or her response is exempt from the Public Records Law, then the Proposer must in his or her response specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption; otherwise, the COUNTY will treat all materials received as public records.

## ADDITIONAL ITEMS/SERVICES

The COUNTY may require additional items or services of a similar nature, but not specifically listed in the contract. The CONTRACTOR agrees to provide such items or services, and shall provide the COUNTY prices on such additional items or services based upon a formula or method which is the same or similar to that used in establishing the prices in the proposal. If the price(s) offered are not acceptable to the COUNTY, and the situation cannot be resolved to the satisfaction of the COUNTY, the COUNTY reserves the right to procure those items or services from other vendors, or to cancel the contract upon giving the CONTRACTOR thirty (30) days written notice.

## CONTRACT TERM

The initial contract term shall commence July 1, 2015 or upon final approval and execution of the contract by the COUNTY, whichever is the later, and shall be for an initial three (3) year term. Fees quoted shall remain fixed for the initial thirty-six (36) month term. The COUNTY reserves the right to extend the contract for a three (3) year term providing both parties agree, all terms and conditions remain the same, and such extension is approved by the COUNTY.

Fees shall be based upon contractor performance and expressed as a per claim price or as a percentage of actual collections remitted to the COUNTY. Medicaid claims are the exception and must be expressed as a flat rate per claim. These fees shall be all-inclusive of materials and personnel required for the performance of the final negotiated contract.

#### **IV. SCOPE OF SERVICES**

##### **BACKGROUND**

It is the intent of the COUNTY to establish a contract with an established billing services provider for the purpose of collecting fees from EMS patients, and their insurance carriers, transported via ambulance to health facilities by BCEMS. This RFP is intended to cover all points of a contract from the reporting by BCEMS of the service to the satisfaction of the receivable, including potential future placement with the contracted Collection Agency after CONTRACTOR's collection efforts have failed.

The COUNTY, via BCEMS, will initiate providing Advanced Life Support (ALS) and Basic Life Support (BLS) ambulance services, and on-scene medical treatment (non-transport fees) to the citizens and visitors of the COUNTY. The COUNTY wishes to obtain the services of a qualified service provider for the actual billing of funds due and Accounts Receivable posting of funds received by BCEMS for these services.

At this time charges for service are as follows: \$350.00 for Basic Life Support Non-Emergency (BLS NE), \$452.79 for Basic Life Support Emergency (BLS E), \$450.00 Advanced Life Support Non-Emergency (ALS NE), \$537.69 Advanced Life Support Emergency (ALS E), \$778.23 Advanced Life Support 2 (ALS 2), \$919.73 Specialty Care, \$13.96 per mile. Although these additional fees could come at a later date and the Proposer should be able to accommodate these charges. Records reflect that BCEMS has estimated the following number of transports which would fall under the scope of services under this contract:

<b><u>Year:</u></b>	<b><u>Number of Billable Transports (*):</u></b>
2012	2824
2013	2758
2014	3152

\*The number of patient transports in prior years are considered to be estimated, and there is no warranty or guarantee that future service requirements will remain constant.

##### **SCOPE OF WORK**

The successful contractor, under this contract, will provide all services necessary to collect for services provided by BCEMS. These services shall include but not be limited to:

1. Receipt from BCEMS of the patient data necessary for billing. This data will come from a department approved "Patient Care Report"(PCR) in computerized format. The Contractor will be furnished with these reports either in a batch mode via mail, direct courier pick-up/delivery or electronic transfer. The run reports (PCR) will be electronically generated in a format approved

by this department, as manufactured by Documed Systems. The CONTRACTOR shall be responsible for obtaining the appropriate software that will be compatible to interface with our computerized report writing system and to enter furnished data into their computerized billing system. The Contractor will also be responsible for supplying the appropriate hardware (PC'S) to generate the PCR requirements of the Contractor.

2. The contractor will be responsible for reviewing each PCR for content to accomplish the following: (a) To check for discrepancies to insure the number of PCRs received match the number of patients transported as documented on the PCRs. This is particularly important on multiple patients at one incident; (b) Insure that the appropriate fee box has been selected and the documentation to support the charge is present; (c) assign the appropriate billing code based on the documentation, treatment and chief complaint of the patient; (d) review reports that require an "On Scene Charge" to be assigned per documentation of the PCR. (d) Conduct any follow-up required to obtain necessary insurance information for payment processing.

3. The contractor will be responsible for sorting the PCRs in numerical/date order as well as sorting all the paperwork in a systematic order for billing organization and future accessibility.

4. To the extent possible, provide electronic claims processing and paper filings to all other insurance companies (primary and secondary carriers), as well as private pay claims. The first invoice will be dated no later than fifteen (15) days after the date of service (DOS) or five (5) days after the contracted billing company has received the PCR. The second notice will be sent to the patient or responsible party thirty (30) days after the original invoice. The third notice (final notice) will be sent to the patient or responsible party 30 days after the second notice has been mailed. Services to be billed will include base fee, mileage, on-scene medical treatment and heavy extrication fees, when applicable.

5. The contracted billing agency will be responsible for the initial collection, generation of any and all insurance forms, filings and record maintenance. The contracted billing agency will provide the contracted collection company with all accounts that have had no payment activity for 120 days after the date of first billing. The CONTRACTOR will track the accounts turned over to the collection firm and will provide monthly report to BCEMS listing the accounts surrendered to the collection firm. The CONTRACTOR will continue to work with the collection agency to assist with the following:

- Information gathering
- Filing insurance claims for accounts in collection
- Review account status with collections firm and/or BCEMS as required
- Receive and handle phone calls for patients with accounts placed in collections
- Receive, post and forward payments received on accounts placed in collections

6. Provision of all monthly finance, billing, receivable and aging reports as stated herein:

- a. Collections profiles for each month, dating back to the beginning of said contract ;
- b. Status of all accounts (payer mix) for the current month and total in system;
- c. Aging Report;



- d. Monthly detail for current month reports;
- e. Transport log;
- f. Month end information for Finance;
- g. Monthly write off reports;
- h. Refund reports including refunds pending;
- i. HIPAA Records release reports;
- j. Any additional reports that BCEMS may need or request will automatically be formatted to their requirements and sent to the department.;
- k. Daily Payment logs with deposit confirmation attached;
- l. Month end payment logs to balance to dailies;

7. The CONTRACTOR will comply with the policies and procedures developed and implemented by BCEMS in response to the improvement of the department and the privacy act of HIPAA. The agency will enter into a business associates agreement with BCEMS to insure all HIPAA policies are adhered to. Any violations of HIPAA by the contracted billing company will be grounds to terminate all contractual agreements.

8. The CONTRACTOR will comply with HIPAA regarding protected health information (PHI) and guardian of all record sets and will maintain any and all documentation records and patient information in a safe and secure manner allowing for inspection and/or audit by the COUNTY.

9. The CONTRACTOR will be required to store all record sets for a minimum of thirty-six (36) months and then turn them over to BCEMS for permanent storage.

10. The CONTRACTOR will be in compliance with the Final Security Rule of HIPAA and remain under a business associates agreement during the duration of the contract.

11. Provide sufficient Customer Service Representative(s) to assist patients and/or other third party payees in all billing inquiries in a timely manner, not to exceed three (3) business days.

12. Conduct any follow-up required to obtain necessary insurance information for payment processing.

13. All payments will be received by the Contractor in behalf of BCEMS and be deposited to the county's designated bank account within three (3) business days. Records of deposits will be correlated with database reports on a daily basis, and this information will be faxed to the County on a daily basis.

14. CONTRACTOR will follow-up with patient or patient's third party for collection of the receivable in increments of 30 days, 60 days, and 90 days, after the initial billing. The CONTRACTOR will provide follow-up on any denials and, if necessary, file appeals to any denials in an attempt to collect on a claim. BCEMS shall be provided information on a quarterly basis, on those accounts deemed "non-collectible except by further legal means" and BCEMS will decide the method in which it wishes to proceed. No such account will be reported as long as payments are being made in good faith.

- A. The CONTRACTOR agrees to negotiate and arrange a modified payment schedule for those individuals who are unable to pay the full amount when invoiced. The CONTRACTOR is authorized to establish a monthly payment no less than \$10.00 per month and ensure those individuals continue to pay at least that amount for the duration of the invoice.

15. Collect remaining amounts after patient insurance or other third party payments are made from the patient where permitted by law and provider agreement.

16. The CONTRACTOR shall provide a read-only copy of BCEMS's database for use on the BCEMS computer system. Updates to the BCEMS system shall be made via removable disk media or by internet transmission so that the read only system is no more than 7 days behind that of the live system. The County based system shall be capable of producing reports, and tracking or reviewing contractor follow-up on accounts.

17. The CONTRACTOR shall provide up to 4 hours training of EMS personnel, at the discretion of the Emergency Service's Director, on changes in the billing process and new requirements for data gathering as they occur. In addition, the contractor must supply up to 3 hours training on the use of the read-only version of the software to be provided under this contract for BCEMS-based use.

18. The CONTRACTOR also agrees to provide:

- A. All invoices and related insurance forms with remittance advice; Invoices shall include account number, invoice number, invoice date, name of patient, name of responsible person if different from patient, complete address, date of transport, cost of transport including breakdown of cost, insurance coverage and instructions (if applicable), and a billing inquiry telephone number.
- B. Return envelope with the address to be designated and approved by BCEMS. Window envelopes are acceptable for satisfying this requirement;
- C. Postage for the mailing of all said invoices and forms for the billing operation;
- D. Patient statement with a message stating "**all checks must be made payable to the Baker County Emergency Medical Services**". Sample of invoice to be provided;
- E. Reasonable effort to locate and correct any incorrect billing address for billable patients;
- F. Response to all patients request and inquires, either written or verbal, in a timely and courteous manner.
- G. A working arrangement with all BCEMS serviced hospitals;
- H. A reconciliation report on the 15th and the last day of the month that will show all patients that have been billed for the previous 15 days. The invoice will display the IR#, date of service, BLS or ALS, miles transported, pt billing code assignment and the total amount of the invoice;
- I. A reconciliation report on the 15th and the last day of the month that will show a breakdown of ALS/BLS patients and the mileage charges for each category as well as the extrication fees and On Scene Treatment fees. It will be broken down per category to

insure all PCRs processed and mailed to the CONTRACTOR has been processed within the approved time line.

- J. The contractor must provide BCEMS with a refund request including all pertinent information relating to refund payments to patients and/or insurance company, indicating the refund payee's name, address and reason for refund.
- K. The contractor shall follow up on electronically submitted claims for which payment has not been received between 30 and 45 days following initial submittal. Follow-up shall be accomplished on all unpaid paper claims between 45 & 60 days after initial submittal. Follow-up efforts and results must be documented and available to the County. Follow-up efforts subsequent to the initial effort must also be documented and retrievable.
- L. The contractor agrees to provide the County with information necessary for BCEMS to pursue collection of non-sufficient fund checks.
- M. Given reasonable notification, Baker County has the right to audit all financial records pertaining to the billing and collection for BCEMS.
- N. Subpoenas – Any subpoena request processed through BCEMS and sent to the contractor via fax or mail will be processed by the contractor and sent to the individual named on the subpoena requesting the medical records.
- O. The contractor will keep a log of the medical records sent out in compliance with subpoenas or other legal and HIPAA compliant request and will send a copy of the PHI log electronically to the Privacy Officer of HIPAA on a monthly basis. A copy of the request will also be placed in the medical records.
- P. The contractor will comply with any special report request in reference to transport locations and response modes to specific locations on a case by case basis.

## REPORTS

- a. Distribution of Charges and Collections - This report will track the charges, payments and financial class mix of all patients for a given month or other specified period.  
**(Provide sample of this report)**
- b. Aged Receivable Report - This report will have outstanding invoices sorted by date or account for thirty, sixty, ninety, one-hundred twenty and over one-hundred twenty days. This report will provide totals for these categories. **(Provide sample of this report)**
- c. Patient Alpha Listing - This report lists all Patients alphabetically by patient name.  
**(Provide sample of this report)**
- d. Monthly Payment Listing - This report lists payments, required charge offs (adjustments), and refunds posted to each patient's account. **(Provide sample of this report)**
- e. Overpayment (Refund request) Reports - This report lists all patients due refunds as a result of overpayment of account. **(Provide sample of this report)**
- f. NSF Check Reports - This report lists all non-sufficient fund checks that have been returned to BCEMS to pursue collection. **(Provide sample of this report)**

**And any other mutually agreed upon Report(s) as may be required.**

## RESPONSIBILITIES OF BCEMS

1. BCEMS will provide the necessary patient & insurance information to the CONTRACTOR on a twice weekly basis, for those patients that have been recently transported or treated at scene. (period may be adjusted dependent upon volume)
2. BCEMS will comply with all Federal, State and local laws, rules and regulations as applicable to the services being contracted for.
3. BCEMS will agree to use the successful firm for all medical billings exclusively for the service specified herein as long as the contract agreement is in force, except for accounts past due six (6) months or more that have been deemed uncollectible by the CONTRACTOR and BCEMS.

## PERFORMANCE SCHEDULE

Patient Statements shall be at maximum intervals of 35 days with no patient receiving a statement until their insurance has had ample opportunity to act on the claim. Ample opportunity is defined as at least 60 days. Initial bills to Insurance carriers are to be sent within fifteen (15) business days of the Date of Service or five (5) days of the CONTRACTOR receiving all necessary information to enable the billing process.

**The Proposer shall include sample bill forms and sample messages that can be used on patient statements, as part of the response. All text, format, and color of printing and stock subject to approval by BCEMS.**

## V. PROPOSAL FORMAT

The proposal must name all persons or entities interested in the proposal as principals. The proposal must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this Request for Proposal.

Proposer shall prepare their proposals using the following format with each section clearly labeled and shall include the following:

- A. Letter of Transmittal.
- B. Statement acknowledging receipt of each addendum issued by the COUNTY.
- C. Qualifications and experience of the firm(s)/individual(s) who will provide the services which shall include documentation of the firm's experience in similar work.
- D. List at least two (2) current and pertinent professional and financial references (name, address, and phone number) that the COUNTY may contact in relation to the Proposer's qualifications, experience and stability.
- E. Scope of Work - This section of the proposal should explain the Scope of Work as understood by the Proposer and detail the approach, activities and work products. The proposal shall also include:
  - Rationale for the approach taken schedule of deliverables
  - List of work product which the Proposer will provide

- List of any assistance BCEMS may be requested to provide the Proposer
  - Completed cost proposal (Attachment "A" ).
  - Evidence of current levels of insurance in areas of General Liability, and Professional Liability or evidence of insurability.
  - Statement of Proposer's financial stability, including information as to current or prior bankruptcy proceedings.
  - Summary of any litigation filed against the Proposer in the past three years which is related to the services that Proposer provides in the regular course of business. The summary shall state the nature of the litigation, a brief description of the case, the outcome or projected outcome, and the monetary amount involved.
  - Identify the type of business entity involved (e.g., sole proprietorship, partnership, corporation, etc.). Identify whether the business entity is incorporated in Florida, another state or a foreign country.
  - In the case of a sole proprietorship or partnership, provide Social Security numbers for all owners or partners.
  - If Proposer is a corporation, provide certification from the Florida Secretary of State verifying Proposer's corporate status and good standing, and in the case of out-ofstate corporations, evidence of authority to do business in the State of Florida.
  - Any additional information that the Proposer considers pertinent for consideration should be included in a separate section of the proposal. The County solicits a statement about why the Proposer feels its approach would be the most cost effective to the County.
- F. Provide a list detailing any and all variances to the scope of work detailed in this RFP.
- G. Describe any services provided by this firm that are not covered by this RFP, but would assist Baker County in enhancing its cash collections.
- H. Provide evidence of Red Flag Identity Theft Compliance as well as Payment Card Industry (PCI) compliance.

**ATTACHMENT A (Format for Pricing)**

Overall contract fee or percentage for providing Billing & Receivable services as outlined in the attached Scope of Services for all billings **EXCEPT FOR MEDICAID CLAIMS**

**ESTIMATED CLAIMS X AVERAGE EXPECTED  
COLLECTIONS X PERCENTAGE FEE PER AMOUNT  
COLLECTED - ALL COST INCLUDED**

\_\_\_\_\_ Claims x \$ \_\_\_\_\_ Est average collection per claim x Vendor percentage = Total  
County cost

**OR**

\_\_\_\_\_ 2996 Claims x \$ \_\_\_\_\_ Est. avg. collection per claim X \_\_\_\_\_ % =  
\$ \_\_\_\_\_

Are the above costs fixed for the three year duration of the contract?

Yes (\_\_\_\_\_) No (\_\_\_\_\_)

If No, quantify any and all factors that will influence the cost of the service with a guaranteed percentage **yearly** Maximum for each year of the contract.

Year 1 \_\_\_\_\_ %

Year 2 \_\_\_\_\_ %

Year 3 \_\_\_\_\_ %

MEDICAID CLAIMS (2014, 215 claims) must be shown as a flat rate for performing any billing.

This shall be per billing and shall not be a percentage. The County estimates there will be approximately 1134 (Medicare + Medicaid) such claims annually based on past experience or projections. This is an estimate only and does not in any way guarantee the CONTRACTOR will be paid this amount. A "billing" is defined as a separate & initial paper or electronic transaction to recover costs from Medicare or Florida Medicaid and any and all follow-up, or secondary filing associated with an ambulance run on that specific date of service.

\$ \_\_\_\_\_ / Billing X 1134 bills = \$ \_\_\_\_\_ per year

**What fee does the proposer pay for the processing of the following credit card transactions? This assumes that the Vendor will only pass along the vendor's cost of this service - additional vendor fees are not allowed. The County recognizes that these fees are adjusted periodically by Credit Card service providers and expects these fees to be adjusted accordingly, however, the County must receive a copy of the notification provided the Vendor by the Credit Card processor prior to the vendor adjusting these fees:**

**MASTER CARD** \_\_\_\_\_

**VISA:** \_\_\_\_\_

**AMERICAN EXPRESS:** \_\_\_\_\_

\_\_\_\_\_  
**VENDOR NAME**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PHONE/CONTACT PERSON**