ADDENDUM #1
Issued March 7, 2019

RFP # 19-26
EMS Transport Billing Services
OPENING: 3:00 PM, March 14, 2019

The following items take precedence over referenced portions of the documents for the above-named project and in executing a contract, will become a part thereof. Where any item in the documents is supplemented hereby, the original requirements will remain in effect. All supplemental conditions will be considered as added thereto. Where any original item is amended, voided or superseded hereby, the provisions of such items not so specifically amended, voided or superseded will remain in effect.

This addendum must be signed and attached to bid proposal to acknowledge receipt of addendum. Failure to acknowledge any addenda will result in a non-responsive bid.

_________________________  __________________________
Company’s Name  Date

_________________________  __________________________
Authorized Representative’s Name  Authorized Representative’s Signature
RFP #19-26
EMS Transport Billing Services
Questions and Answers

1. **Question:** Whether companies from Outside USA can apply for this? (like, from India or Canada)
   **Answer:** No

2. **Question:** Whether we need to come over there for meetings?
   **Answer:** Yes. Regular meetings would be part of the agreement.

3. **Question:** Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)
   **Answer:** No

4. **Question:** Can we submit the proposals via email?
   **Answer:** No

5. **Question:** Please reconfirm the due date for this procurement by providing it in response to answers to questions.
   **Answer:** See the posted dates.

6. **Question:** What is the date by which you will answer these questions?
   **Answer:** NA

7. **Question:** Why has this bid been released at this time?
   **Answer:** Current contract is ending.

8. **Question:** When is the anticipated award date?
   **Answer:** NA

9. **Question:** Can you please provide greater explanation of your expectations related to any required subcontracting to minority-owned, women-owned, or other types or categories of small or disadvantaged businesses? For example, what is required with the proposal, and what is required to comply during the term of the contract?
   **Answer:** NA

10. **Question:** Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?
    **Answer:** Rates are set by the County refer to section II-A-2(a-i) in the RFP

11. **Question:** Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.
    **Answer:** NA

12. **Question:** Has the current contract gone full term?
    **Answer:** Yes
13. **Question:** Have all options to extend the current contract been exercised?  
   **Answer:** Yes

14. **Question:** Who is the incumbent, and how long has the incumbent been providing the requested services?  
   **Answer:** Ambulance Medical Billing (AMB) for 3 years.

15. **Question:** To what extent will the location of the bidder’s proposed location or headquarters have a bearing on any award?  
   **Answer:** NA

16. **Question:** How are fees currently being billed by any incumbent(s), by category, and at what rates?  
   **Answer:** 4.1% of net collections

17. **Question:** What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?  
   **Answer:** CY2018 - $212,193.50

18. **Question:** What are your treatment without transport charges?  
   **Answer:** None currently

19. **Question:** What is your average per-trip charge?  
   **Answer:** $1,116.03

20. **Question:** When were the last changes to your transport rates, and are you considering raising any of the rates currently charged?  
   **Answer:** October 2017

21. **Question:** Are there any other charges you assess not otherwise covered by our questions?  
   **Answer:** No

22. **Question:** What percentage of your patients are residents versus non-residents, and do you charge the two groups differently?  
   **Answer:** That information is not tracked and we do not charge differently based on residency.

23. **Question:** Do you operate any shared services agreements with any other municipal or county governments in the region and, if so, with whom?  
   **Answer:** No

24. **Question:** What were your transports per year for life support for last year or for the last 12 months?  
   **Answer:** Calendar Year (CY) 2018 – 14,060 total calls

25. **Question:** What were your transports per year for advanced life support emergency level 1 for last year or for the last 12 months?  
   **Answer:** CY2108 – 8,437

26. **Question:** What were your transports per year for advanced life support emergency level 2 for last year or for the last 12 months?  
   **Answer:** CY2108 – 116
27. **Question**: What were your transports per year for basic life support for last year or for the last 12 months?
   **Answer**: CY2108 – 2

28. **Question**: What were your transports per year for basic life support emergency for last year or for the last 12 months?
   **Answer**: CY2108 – 5,504

29. **Question**: What were your transports per year for specialty care transport for last year or for the last 12 months?
   **Answer**: CY2108 – None

30. **Question**: What were your transports per year for treatment without transport for last year or for the last 12 months?
   **Answer**: We do not currently bill for Treatment without Transport.

31. **Question**: What is your payer mix expressed as percentages of 100% billed?
   **Answer**: CY 2018: Medicare-40.38%, Commercial Insurance-26.33%, Medicaid-14.25%, Private Pay-17.74%, Others-1.20%

32. **Question**: What is your payer remit mix expressed as percentages of 100% of what you typically receive?
   **Answer**: CY2018: Medicare-45.01%, Commercial Insurance-41.15%, Medicaid-12.14%, Private Pay-1.08%, Other-0.62%

33. **Question**: What is your average loaded miles per trip?
   **Answer**: 10

34. **Question**: What is your average revenue per call?
   **Answer**: CY 2018 Average Revenue per Transport - $405.39

35. **Question**: What were your annual gross charges last year or for the last 12 months?
   **Answer**: CY2018 Average Charge per Transport - $1,116.03

36. **Question**: What were your annual total adjustments for last year or for the last 12 months?
   **Answer**: CY2018 - $10,774,319.37

38 **Question**: What were your annual contractual allowance write offs for last year or for the last 12 months?
   **Answer**: CY2018 - $5,536,333.83

39. **Question**: What were your annual gross collections last year or for the last 12 months?
   **Answer**: CY2018 - $5,376,470.91

40. **Question**: What were your annual billable transports last year or for the last 12 months?
   **Answer**: Calendar Year (CY) 2018 – 14,060 total calls

41. **Question**: What are your per-mile ground transport charges?
   **Answer**: $13 per patient loaded mile
42. **Question:** What are your advanced life support charges?
   **Answer:** $1,100

43. **Question:** What are your advanced life support emergency level 1 charges?
   **Answer:** $1,100

44. **Question:** What are your advanced life support emergency level 2 charges?
   **Answer:** $1,100

45. **Question:** What are your basic life support charges?
   **Answer:** $800

46. **Question:** What are your basic life support emergency charges?
   **Answer:** $800

47. **Question:** What are your specialty care transport charges?
   **Answer:** NA

48. **Question:** What kind of proof are you looking for? Under (Section III – Technical Proposal - Section 3 – Executive Summary) question “C”. c. Provide proof that your firm meets all the eligibility requirements listed in the “Specifications” section of this RFP. The eligibility requirements seem to be answered in all of the previous questions in Section III as well as within the Scope of Work.
   **Answer:** Section III defines the format of the proposal. Within the proposal Section 1 is the Executive Summary the section deals with the company’s overall ability to provide the services that are within the RFP. Section 3 – References and Eligibility Requirements question “c” is referring to how the Firm meets the specific requirements in Section II-A-1-7, page 14 of the RFP.

49. **Question:** Please provide your current rates for each of the service levels.
   **Answer:** BLS - $800, ALS 1 and 2 - $1,100,

50. **Question:** How much does the County charge per mile?
   **Answer:** $13 per patient loaded mile

51. **Question:** What is your average loaded mileage?
   **Answer:** 10

52. **Question:** Does the County utilize a “lockbox” for collections?
   **Answer:** No

53. **Question:** Does the County use a collection agency?
   **Answer:** Yes

54. **Question:** Who is your delinquent account collection agency? What is the current cost of their services?
   **Answer:** NA

55. **Question:** Are you interested in receiving an additional bid for delinquent account collection services?
   **Answer:** No
56. **Question:** Why are you currently going out to bid?  
**Answer:** Current contract is ending.

57. **Question:** Have you experienced any problems due to outsourcing of work by your current vendor?  
**Answer:** NA

58. **Question:** Are the costs of ePCR software or any hardware to be included in the bid?  
**Answer:** No. The County already has ePCR software as well as hardware.

59. **Question:** Please provide the following financial information for the last calendar year or most recent fiscal year:  
   a. Total run volume  
   b. Billable run volume  
   c. Gross charges  
   d. Gross collections  
   e. Contractual Medicare and Medicaid write-offs  
   f. Payor mix in %  
      i. Commercial  
      ii. Medicare  
      iii. Medicaid  
      iv. Private Pay  
**Answer:** See questions 24-40 in this document.

60. **Question:** Please provide your current run volume and fees for:  
   a. BLS non-emergency  
   b. BLS emergency  
   c. ALS non-emergency  
   d. ALS emergency  
   e. ALS2  
   f. Special Care Transports (SCT)  
   g. Treat/no transport  
   h. Mileage  
**Answer:** See questions 29-30 and 41-47