



# Leon County

## Board of County Commissioners

301 South Monroe Street, Tallahassee, Florida 32301  
(850) 606-5302 www.leoncountyfl.gov

Purchasing Division  
1800-3 Blair Stone Road  
Corner of Blair Stone and Miccosukee Roads)  
Tallahassee, Florida 32308  
(850) 606-1600

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County Administrator

HERBERT W.A. THIELE

County Attorney

February 25, 2011

RFP Title: Emergency Medical Services Patient Accounts Receivable Services

Proposal Number: BC-03-10-11-11

Opening Date: Thursday, March 10, 2011 at 2:00 PM ET

### ADDENDUM # 1

Dear Vendor:

This letter serves as Addendum #1 for the above referenced project.

1. Attached for your consideration are answers to questions submitted by a vendor.
2. Attachments B, C and D referenced on Page 24 of the solicitation document are attached to this Addendum #1 and are hereby made part of the solicitation document.

Acknowledgment of this addendum is required as part of your submittal. Failure to acknowledge this addendum may result in rejection of your proposal.

Should you have any questions, feel free to call me at (850) 606-1600.

Sincerely,

Wendi Sellers  
Contract Manager

**REQUEST FOR PROPOSAL FOR  
EMERGENCY MEDICAL SERVICES PATIENT ACCOUNTS RECEIVABLE SERVICES  
QUESTIONS AND ANSWERS  
ADDENDUM #1**

1. Does the County currently use a third party billing company?

Answer: Yes

2. If so, what is the name of your current billing service provider?

Answer: Advanced Data Processing/Intermedix

3. How long have you used your current billing service provider?

Answer: Since January 2004

4. What is the fee for service being charged by your current billing service provider?

Answer:

**4.01** The CONTRACTOR shall provide to the COUNTY a monthly invoice representing fees for the services. Fees for Services shall be calculated as follows: Five percent (5%) of all monies collected by CONTRACTOR, less refunds and excluding Medicaid accounts, during the previous month, plus ten dollars (\$10) per Medicaid account. In addition, fees shall include Seven hundred and fifty dollars (\$750) per month for providing billed patients required HIPAA-compliant Privacy Notice.

5. What is the reason for going out to bid at this time?

Answer: Current contract will expire on February 28, 2012.

6. In the most recent fiscal or calendar year, what was the total amount of gross charges generated by the County for ambulance charges?

Answer: The gross charges are not an actual reflection of cash reimbursement. Please see the answer to Number 7.

7. In the most recent fiscal or calendar year, what was the total amount of actual cash reimbursement realized by the County for ambulance transports?

Answer: FY10 - 8,112,225.38 (net)

8. Please provide your current rates for each of the ambulance transport categories.

Answer: See Attachment C

9. Does the County bill for service where no transport occurs? If so, what is the charge?

Answer: Yes, see Attachment C

10. Is the County interested in having vendors propose an alternate ePCR system?

Answer: No

11. If vendors are to include, as an option or otherwise, an ePCR system would the County like vendors to propose field hardware as well?

Answer: No

12. How, and how often, does the current vendor receive patient/trip data from the County?

Answer: Electronic interface. Every 2-3 days. See Page 25 of the solicitation document.

Have the ability to retrieve electronic Patient Care Records (ePCR) and related documentation from the County's ePCR system, using a Contractor supplied mechanism. The County currently utilizes Sansio Health EMS software for field data collection and ePCR creation. The Contractor must be capable of retrieving this information from any EMS data collection system used by the County in the future. Additionally, Contractor shall have the ability to download payment and other necessary patient information from the County electronically.

13. Will the County accept a vendor's application who will have their SAS 70 Audit completed several months before contracting.

Answer: Firm must have a SAS 70 as specified, this is an audit requirement.

- o See page 27 of the solicitation document.

Contractor shall demonstrate that appropriate controls are in place and complied with through maintaining a current Type II Statement on Auditing Standards No. 70 (Type II, SAS 70) certification from an independent auditor.

- o See Page 10 of the solicitation document.

The respondent shall provide a copy of a current Type II Statement on Auditing Standards No. 70 (Type II, SAS 70) certification from an independent auditor.

14. Will the County consider a vendor who has municipal clients of similar size and organization to Leon County, who use the Scan Health Sansio system, but currently has no Florida clients?

Answer: Due to state specific insurance and Medicaid billing regulations, a preference will be given to vendors who have established business within Florida.

- o See Page 9 of the solicitation document –

1. Describe clearly and concisely the tasks and activities that will be performed. Include a time/task schedule and develop a chart illustrating the overall sequence of events and time frame for each aspect of this project. In this section demonstrate an understanding of and solutions to the description of services outlined in ATTACHMENT A, DESCRIPTION OF SERVICES PROVIDED BY CONTRACTOR, A. Billing Services. Discuss the extent of knowledge of Medicare, Florida Medicaid, and private insurance policies and procedures as related to patient billing, reimbursement, assignment of claims, itemized claims processing, duplicate payment processing and account refunds.

- o See Page 11 of the solicitation document –

Demonstrated Performance: The proposal shall include a description of the Contractor's business volume and clients. A complete list and brief description of each EMS billing service contract currently in progress or completed within the last five years. Include a description of the services rendered, length of contract, and annual number of claims billed. The Respondent must be able to demonstrate that it currently has gross billings for clients in excess of \$25 million; has experience in billing for a Florida based municipal EMS service; and EMS systems of similar size and complexity as County.

References: The Respondent shall provide the names and contact persons for at least three (3) EMS clients as references to verify its performance as a patient accounts receivable services. The references shall include a description of the organization, the name, address, and phone number of the Contractor's primary contact at the organization. References should include Florida based municipal organizations of similar size and complexity as County and one reference of a client that utilizes Sansio Health EMS ePCR software.

15. Page 24 references Attachment B: EMS Division Notice of Privacy Practices, Attachment C: FY 11 Fee schedule, Attachment D: Collection of Delinquent Emergency Medical Services Accounts Policy, please clarify what page these can be found on.

Answer: See Attachments to this Addendum

## ATTACHMENT B

### Notice of Privacy Practices (NPP)

#### LEON COUNTY EMERGENCY MEDICAL SERVICES DIVISION NOTICE OF PRIVACY PRACTICES

*This Notice is effective October 12, 2010*

**This notice will describe how medical information about you may be used and disclosed and how you can get access to this information.**

#### PLEASE REVIEW IT CAREFULLY

If you have any questions about this Notice, or you would like to make a request concerning your rights, please contact the Privacy Officer through the Deputy Chief of Administration, EMS Division. This Notice applies to all records about your health care that we complete or have access to and relate to your eligibility or method of payment for such care.

#### OUR RESPONSIBILITIES

This privacy notice will tell you about the lawful ways in which we may use and disclose your **Protected Health Information (PHI)**. It also describes your rights and the responsibilities we have regarding the use and disclosure of your PHI. PHI is information that may identify you (including your name, address, and social security number), that relates to your past, present, or future physical or mental health condition, your health care services, and payment for your health care services.

Leon County EMS Division is required by law to maintain the security and privacy of your PHI and to provide you with this Notice of our Privacy Practices and legal duties. We are required to follow the terms of this Notice. We reserve the right to change the terms of this notice and to make any new provisions effective to the entire PHI that we maintain about you. If we revise this notice, we will provide you with a revised notice upon request. We will also make any revised Notice available in our reception area and on our website at [www.leoncountyfl.gov](http://www.leoncountyfl.gov).

#### USES and DISCLOSURES of PHI

To comply with the law only the individual's "Minimum and Necessary" PHI will be used or disclosed to accomplish the intended purpose of the use, disclosure, or request. It is the Leon County EMS Division policy to limit the use or disclosure of an individual's PHI on a "need to know" basis. The following categories describe some of the different ways we may use and disclose your PHI.

#### **Payment:**

We may use and disclose your PHI for payment activities. For example, we may use and disclose your PHI to process and pay your bill for health care services, when your health care provider requests information regarding your eligibility for coverage under ~~our~~ your health plan, or in reviewing the medical necessity of the treatment you received, or in coordinating payment with other insurance carriers or facilities.

**Treatment:**

We may use and disclose your PHI so that you can receive medical treatment and other related services

**Health Care Operations:**

We may use or disclose your PHI for our business activities and health care operations. The activities include, but are not limited to: quality assessment and improvement, monitoring provider performance, using or disclosing your PHI to obtain insurance payment, and to auditors to make sure claims have been paid correctly.

**Business Associates:**

We may disclose your PHI to third party "business associates" that perform various services for us. For example, we may disclose your PHI to a Hospital or to a collections company for payment related purposes. We require our business associates to appropriately secure and safeguard your PHI.

**Individuals Involved in Your Care:**

We may use and disclose your PHI to a family member or other person's you identify involved in your care. We will disclose only PHI relevant to that person's involvement in your care or payment for your care. We may use and disclose your PHI for locating and notifying a family member, a personal representative, or another person responsible for your care. If you are unable to agree or object to this disclosure, we may disclose such information as we deem is in your best interest based on our professional judgment.

**State of Florida Monitors and Other Auditors:**

We may disclose your PHI to State of Florida monitors and other auditors determining our compliance with the law, other state and federal regulations, and Generally Accepted Accounting Procedures.

**Research:**

We may use and disclose your PHI for research purposes in certain limited circumstances.

**Required By Law:** We will disclose your PHI as required by federal or state law including:

- **Military and National Security.** We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities who have appropriate authorization in writing citing the relevant Law, U.S. Code, Code of Federal Regulations, Florida Statute, and / or Florida Administrative Code. We may also be required to disclose your PHI to authorized members of the Armed Forces for activities deemed necessary, and described and justified in writing by appropriate military authorities.
- **Public Health.** We may disclose your PHI for public health activities. For example, we may disclose your PHI when necessary to prevent a serious threat to you or others health and safety. Public health activities generally include: (1) to prevent or control disease, injury or disability; (2) to report births and deaths; (3) to report child abuse or neglect; (4) to report reactions to medications or problems with products; (5) to notify people of recalls of products they may be using; (6) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (7) to notify the appropriate government authority if we believe the individual has been the

victim of abuse, neglect, or domestic violence.

- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. Government oversight agencies include those agencies that oversee government benefit programs, government regulatory programs, and civil rights laws.
- **Legal Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding to the extent expressly authorized by a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you or your attorney representative about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose your PHI to law enforcement officials for law enforcement, including: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) pertaining to a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct that occurs on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner for purposes of identifying a deceased person or determine cause of death. We may also disclose your PHI to a funeral director, as authorized by law, in order for the director to carry out assigned duties.
- **Inmates.** If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or law enforcement official holding you in custody in order for: (1) the institution to provide you with health care; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

#### **USE OF YOUR SOCIAL SECURITY NUMBER**

**Leon County Emergency Medical Services collects and utilizes your Social Security Number for the following purposes:**

- To file insurance claims for services provided to you.
- To identify you in case someone has the same name as you. This use of your social security number assists in preventing release of protected health information to unauthorized persons or parties.

#### **OTHER USES and DISCLOSURE OF YOUR PHI**

Other disclosures of your PHI not covered by this notice or laws that apply to our use and disclosure will be made only with your written authorization. You may revoke your authorization, in writing, at anytime. If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any use or disclosure that has already been made with your authorization or that has been made as described in this notice.

## YOUR RIGHTS

The following is a description of your rights with respect to your Protected Health Information.

- **Right to a Request A Restriction.** You have the right to request a restriction on certain uses and disclosures of your PHI, including that for treatment, payment, or health care operations. You also have the right to request a restriction on the disclosure of your information to individuals involved in your care or payment for your care. Leon County EMS Division will give serious consideration to your request but is not required to agree to any such restrictions. If we do agree, we will comply with the restriction unless the information is needed under exceptional circumstances. If we are unable to notify you of these exceptional circumstances prior to the fact, we will notify you of those circumstances as soon as reasonably possible. To request a restriction please contact the Privacy Officer. Your request must specify (1) the information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.
- **Right to Access, Inspect, And Copy.** You have the right to access, inspect, and obtain a copy of your PHI that may be used to make decisions about your health care benefits. This includes your medical and billing records, but may not include information that is subject to laws that prohibit access. We may deny your request to access, inspect, and copy in certain limited circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care provider chosen by us will review your request and denial. The person performing this request will not be the person who denied your initial request. We will comply with the outcome of that review. To inspect and copy your PHI, please contact the Privacy Officer. A fee may be charged for the cost of copying, mailing, or other supplies associated with your request.
- **Right to Amend** – If you believe any of your information in our possession is inaccurate you may request, in writing, that we amend or correct the information that you believe to be erroneous. To request an amendment, contact the Privacy Officer. You will be required to provide a reason that supports your request. We may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the Protected Health Information kept by or for us; (3) is not part of the information which you would be permitted to inspect or copy; or (4) is accurate and complete. If we deny your request you may submit a short statement of dispute, which will be included in any future disclosure of your information.
- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI. This is a list of the disclosures of your PHI that we made to others. The list does not include disclosures made: (1) for treatment, payment and any other health plan operations; (2) to you; (3) that are incidental disclosures; (4) in accordance with an authorization; (5) for national security or intelligence purposes; and (6) to correctional institutions or law enforcement officials for the provision of health care, safety of individual, other inmates, and officers and employees. To request an accounting contact the Privacy Officer. You may request an accounting for disclosure made up to 6 years before the date of your request but not for disclosures made before December 29, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you the cost of providing the list. We will notify you of the fee before any costs are incurred.



- **Right to Confidential Communications.** You have the right to request that you receive communication of your Protected Health Information in a certain time or manner (for example, by e-mail rather than by regular mail, or never by telephone). For example, you may ask that we only contact you at work or by U.S. Mail. We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may request a paper copy by contacting the Privacy Officer. In addition, you may obtain a copy of this notice on the Leon County website: [www.leoncountyfl.gov](http://www.leoncountyfl.gov).

### **COMPLAINTS**

If you believe your privacy rights have been violated, please send your complaint, in writing, to the Privacy Officer. All complaints will be resolved in a timely manner. If we cannot resolve your concern, you have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint.

If you would like to discuss the privacy of your Protected Health Information in detail, or if you have any concerns, please feel free to contact the Privacy Officer. For additional information please visit the Leon County website at: [www.leoncountyfl.gov](http://www.leoncountyfl.gov). or the Emergency Medical Services Division contact person at:

**Leon County**

**Emergency Medical Services Division**

**1800-2 North Blair Stone Road**

**Tallahassee, Florida 32308**

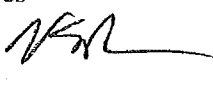
**850-606-2100**


ATTACHMENT C

**BOARD OF COUNTY COMMISSIONERS**  
**MEMORANDUM**

**DATE:** September 28, 2010

**TO:** Tom Quillin, Chief, Emergency Medical Services  
 Chad Abrams, Deputy Chief, Emergency Medical Services

**Thru:** Scott Ross, Director, Office of Management and Budget 

**FROM:** Timothy Carlson, Management & Budget Analyst 

**SUBJECT:** FY11 EMS Rate Changes

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Attached is the Resolution the Board adopted on December 9, 2003 establishing a method for determining Emergency Medical Services rates. Each October 1<sup>st</sup>, the rates are to increase by the Consumer Price Index, US City Average, Medical Care as reported by the United States Department of Labor, Bureau of Labor Statistics or its successor index. The increased base rates are to be rounded to the nearest one whole dollar and the increased mileage rates are to be rounded to the nearest one whole cent.

Accordingly, effective October 1, 2010, the EMS rates are as follows:

**EMS Rate Changes FY11 - Effective October 1, 2010**  
*As Increased by the Consumer Price Index, US City Average, Medical Care*  
*(Last Updated August 2010)*

<u>Type of Service</u>	<u>FY10 Rate</u>	<u>CPI</u>	<u>Increase</u>	<u>FY11 Rate</u>
Stand-by, 2 staff with vehicle, 3 hour minimum	\$ 126.00	3.2%	\$ 4.03	\$ 130
Stand-by, 1 staff no vehicle, 3 hour minimum	\$ 63.00	3.2%	\$ 2.02	\$ 65
First Aid/Assessment	\$ 316.00	3.2%	\$ 10.11	\$ 326
Basic Life Support Non Emergency Base	\$ 457.00	3.2%	\$ 14.62	\$ 472
Basic Life Support Emergency Base	\$ 763.00	3.2%	\$ 24.42	\$ 787
Advanced Life Support-1 Non Emergency Base	\$ 610.00	3.2%	\$ 19.52	\$ 630
Advanced Life Support-1 Emergency Base	\$ 914.00	3.2%	\$ 29.25	\$ 943
Advanced Life Support-2 Base	\$1,065.00	3.2%	\$ 34.08	\$ 1,099
Specialty Care Transport Base	\$1,065.00	3.2%	\$ 34.08	\$ 1,099
Mileage	\$ 14.28	3.2%	\$ 0.46	\$ 14.74

cc: Vincent S. Long, Deputy County Administrator  
 Alan Rosenzweig, Assistant County Administrator

Attachment: Resolution Adopting EMS Rates to be Charged Recipients of EMS Services

RESOLUTION NO. 2003- B03-73

**A RESOLUTION OF THE LEON COUNTY BOARD OF COUNTY COMMISSIONERS ADOPTING EMS RATES TO BE CHARGED RECIPIENTS OF EMS SERVICES**

WHEREAS, the Leon County Board of County Commissioners is committed to providing Emergency Medical Services to all the residents of Leon County effective no later than January 1, 2004; and,

WHEREAS, the Board desires to provide the most highly efficient service to all residents; and,

WHEREAS, the Board recognizes that in order to provide this service that users of the system must pay a fee; and,

WHEREAS, the Board engaged a national expert in developing a fiscal plan for implementing the County's system; and,

WHEREAS, the national expert utilized a series of rates in establishing a first year budget for Leon County; and,

WHEREAS, the Board desires that rates should be adjusted annually to address normal inflationary increases

**NOW THEREFORE BE IT RESOVLED** by the Board of County Commissioners that effective immediately the EMS Rates to be charged by Leon County to recipients of services which are effective through September 30, 2004, are hereby designated below:

Type of Service	Rate
Stand-by, 2 staff with vehicle, 3 hour minimum	\$100.00/hr
Stand-by, 1 staff no vehicle, 3 hour minimum	\$50.00/hr
First Aid/Assessment	\$250.00
Basic Life Support Non Emergency Base	\$363.00
Basic Life Support Emergency Base	\$604.00
Advanced Life Support-1 Non Emergency Base	\$483.00
Advanced Life Support-1 Emergency Base	\$725.00
Advanced Life Support-2 Base	\$846.00
Specialty Care Transport Base	\$846.00
Mileage	\$11.33 per mile

Be it further resolved that effective October 1, 2004 and every subsequent October 1 the rates shall be increased by the Consumer Price Index, US City Average, Medical Care as reported by the United States Department of Labor, Bureau of Labor Statistics or its successor index and that the increased base rates shall be rounded to the nearest one whole dollar and that the mileage increase shall be rounded to the nearest whole cent.



Attachment # 1

Page 2 of 2

ATTEST:  
Bob Inzer, Clerk of the Court  
Leon County, Florida

LEON COUNTY, FLORIDA

BY: [Signature]

BY: [Signature]  
Jane G. Sauls, Chairman  
Board of County Commissioners

APPROVED AS TO FORM:  
Leon County Attorney's Office

BY: [Signature]  
Herbert W.A. Thiele, Esq.  
County Attorney

**Board of County Commissioners  
Leon County, Florida**

**Policy No. 07 - 1**

Title: Collection of Delinquent Emergency Medical Services Accounts

Date Adopted: February 26, 2008

Effective Date: February 26, 2008

Reference:

Policy Superseded: Policy No. 07-01, "Collection of Delinquent Emergency Medical Services Accounts," adopted February 13, 2007

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It shall be the policy of the Board of County Commissioners of Leon County, Florida, that Policy No. 07-1, "Collection of Delinquent Emergency Medical Services Accounts," adopted February 13, 2007, is hereby superseded and amended as follows:

All users of Leon County Emergency Medical Services (EMS) will be billed and charged in accordance with current Federal and State guidelines for EMS. billing, and in accordance with policies established by the Leon County Board of County Commissioners. Leon County will make every effort to collect all monies owed for services rendered by EMS.

The following delinquent accounts shall be turned over to a collection agency:

1. Accounts where the patient is more than 18 years of age.
2. Accounts where the patient is less than 18 years of age and guarantor / responsible party information exists.
3. Accounts that have no pending insurance payments;; or where no insurance exists; or in those instances where the insurance claim has been denied by the insurance provider and the last contact with the patient or responsible party has been more than 90 days.
4. Accounts where efforts to contact the patient or responsible party have been exhausted by the billing agency or where the billing agency has attempted to contact the patient or responsible party for 90 days and has had no response.

In no event shall a delinquent account be sent to a collection agency where either:

1. there has been no attempt to follow-up on an insurance claim and no payment rejection decision has been obtained from the third-party payer; or
2. if the patient or responsible party is found by the County Administrator or his designee to be indigent, based upon competent, substantial evidence.

The patient or responsible party (applicant) shall be deemed indigent when the applicant's income is equal to or below the then-current federal poverty guidelines prescribed for the size of the household of the applicant by the U.S. Department of Health and Human Services.

The collection agency will utilize all currently acceptable collections practices in accordance with its contract with Leon County, the Federal Fair Debt Collection Practices Act, and the Florida Commercial Collection Practices Act.

A finance charge of 1% per month or 12% APR will be added to all accounts that are referred to the collection agency.

The collection agency will report unpaid accounts to a consumer reporting agency or credit bureau, in accordance with federal and state law.

Once all collection efforts have been exhausted by the collection agency, unpaid accounts will be classified as "efforts exhausted." The Clerk of the Court's, Finance Division, and the billing agency are authorized to classify balances of accounts determined to be "efforts exhausted" as uncollectible and write the amount off from the outstanding accounts receivable balance.

The County Administrator is authorized to utilize such forms and procedures reasonably necessary to carry out the provisions of this policy.

Revised 2/26/08