

Anne Arundel County
REQUEST FOR PROPOSALS
RFP23000252
MEDICAL TRANSPORT BILLING & COLLECTION SERVICES

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EXECUTIVE SUMMARY

Anne Arundel County is requesting proposals to provide comprehensive Medical Transport Billing and Collection Services beginning on October 1, 2024. With a population of over 582,000, two major medical centers within its borders, and another five medical centers in surrounding jurisdictions, the County transported over 45,000 patients and generated nearly \$23.3 million in ambulance fee revenues in FY 2023.

The County is seeking proposals for medical billing and collection services that will collect county data, conduct medical coding, and seek the maximum allowable payment for transport services from appropriate insurance companies, with the resulting revenue disbursed to the county. This system will integrate with ImageTrend (patient care reporting system), Computer Aided Dispatch (CAD) (EnRoute commercial application), and MIEMSS (patient care and Maryland State Law reporting requirements) applications.

The offeror may propose any solution that meets all of the RFP's requirements and the County's needs.

If applicable to your proposal, Offerors should focus their proposals on how they will provide the following:

- The training and maintenance of the hardware, software, and databases necessary, along with skilled project management, to provide a fully integrated medical services delivery system.
- The equipment, materials, and labor, along with HIPAA compliance, data management, and reporting, needed to ensure all-inclusive and automated medical transport billing and collection services.
- Details of any ancillary equipment, billing and collection agency services, technical services, and necessary subsystems.
- The analysis of eligible Medicaid transports to optimize reimbursement under the Maryland Department of Health's Emergency Service Transporter Supplemental Payment Program (ESPP), including preparing the Medicaid cost report, utilizing appropriate cost allocation methodologies, providing comprehensive desk review support, and identifying trends in billing and financial data.

Offerors should include in their overall submission, a technical proposal and a cost proposal as specified in this Scope of Work.

All proposals shall be submitted no later than 3:00 p.m. on Thursday, June 20, 2024. The successful Offeror shall be notified approximately Monday, August 12, 2024.

1.0 GENERAL SCOPE OF WORK

1.1 Introduction

Anne Arundel County, hereinafter referred to as "the County," is located on the Chesapeake Bay, in the corridor between Washington D.C. and Baltimore. The County has a land area of 418 square miles with 534 miles of shoreline furnishing waterfront living to many residential communities.

Annapolis, the state capital, is also the County seat. The County's historic district is a major tourist attraction for the State and the County.

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The County's economy is grounded in high technology, communications, distribution, and digital support services. Growing industries include environment-related technology, regional data centers, and life sciences. The Baltimore-Washington International Thurgood Marshall Airport (BWI), located in the northwest section of the County, has a growing base of international and domestic carriers. The BWI area is a hub of commercial and industrial development supporting 50% of all jobs and 57% of all companies in the County.

The County's 20,817 businesses employ more than 267,000 workers; 375 of these companies have 100 or more employees. There are many major private sector employers as well as several major federal facilities such as the National Security Agency, Ft. George G. Meade, Curtis Bay Coast Guard Station, and the United States Naval Academy.

Population

Year	Anne Arundel County	State of Maryland
2015	562,870	5,982,810
2020	582,880	6,074,750
2025*	595,010	6,244,980
2030*	608,990	6,413,690
2035*	620,350	6,588,760

*Projection - Maryland Department of Planning

Population Over 45 Years of Age

Age	Anne Arundel County	State of Maryland
2010		
45-64	152,650	1,597,972
65+	63,664	706,642
2015		
45-64	157,778	1,653,721
65+	77,864	837,704
2020		
45-64	155,436	1,630,621
65+	91,685	974,979
2025*		
45-64	148,039	1,565,281
65+	105,868	1,139,636
2030*		
45-64	144,894	1,565,281
65+	119,347	1,296,675
2035*		
45-64	147,888	1,565,281
65+	125,915	1,395,231

*Projection - Maryland Department of Planning

The Anne Arundel County Fire Department transported 37,109 patients to hospitals in FY 2020, 41,100 in FY 2021, 41,478 in FY2022, and 45,052 for FY2023.

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Primary transport hospitals include, but are not limited to (FY 2023 transports):

- UM Baltimore Washington Medical Hospital, Glen Burnie (19,166)
- Anne Arundel Medical Center, Annapolis (14,268)
- Medstar Harbor Hospital (6,316)
- CalvertHealth Medical Center (599)
- Howard County General Hospital, Columbia (535)
- UM Laurel Medical Center (524)
- UM Shock Trauma (519)

1.2 Requirements of the Medical Billing Delivery Services

1.2.1 Overview

This Scope of Work requires proposed solutions that are integratable into the existing County Medical Services Delivery computing environment.

This integration includes the ImageTrend (patient care system), Computer Aided Dispatch (CAD) (EnRoute commercial application), and MIEMSS (patient care and Maryland State Law reporting requirements) applications.

Proposals shall fully specify the computer hardware, operating system software, and databases used to implement the proposed Services.

Offeror shall be responsible for products and services required by this Scope of Work.

Subcontractors, if any, shall be identified in the Proposal with a complete description of their role relative to the Offeror including the percentage of the total work to be performed by the Offeror. The name and credentials of any proposed Subcontractors shall be clearly identified in the proposal. The Offeror shall be responsible for ensuring that all systems are completely operational and ready to use in conformance with the requirements described in this Scope of Work and subsequent Contract.

If applicable to your proposal, all Offeror-provided hardware, firmware, and software shall perform in accordance with the requirements of this Scope of Work and manufacturers Scope of Work. The Offeror shall also be responsible for providing the following:

- Operational and maintenance documentation with all system and subsystem detailed as-built diagrams.
- Professional training personnel, training lesson plans, materials, and training plan and schedule agreeable to the County.
- Full system/subsystem maintenance schedule for the duration of Contract as approved by the County in writing.

1.2.2 Services to Be Provided by the Offeror

The Offeror shall provide the following:

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- The Offeror shall assume complete responsibility for engineering, furnishing, and maintaining the System including the conversion of existing data (where applicable).
- The Offeror shall be responsible for System performance.
- The Offeror shall provide the training of System users and maintenance personnel.
- The Offeror shall complete and pass all acceptance tests of System components software and equipment to the satisfaction of the County.
- The Offeror shall also be responsible for integration of certain existing software to the proposed Billing System (i.e., CAD, ImageTrend, and MIEMSS) and software upgrades.
- The Offeror shall apply to all Medical Insurance providers on behalf of the County in order to become a Medical Insurance Provider. The Offeror shall take all necessary steps to assist the County in obtaining and/or to obtain on behalf of the County a National Provider Identifier (NPI) number when such process becomes available.

The Offeror shall propose a complete and fully operational System. The Proposed Medical Transport Billing and Collection Services System shall work independently of any other County system.

1.2.3 Integration

The Offeror shall be solely responsible for the proper maintenance and interfacing of all software and equipment provided pursuant to this Scope of Work and any resulting Contract. In circumstances where existing equipment or systems of the County are being integrated or utilized with the System, the Offeror shall warrant that the equipment provided by the Offeror shall fully perform in strict conformance to the Scope of Work and conditions incorporated in this Scope of Work and any resulting Contract and shall be integratable with the County's existing systems, as required. The Offeror is responsible for any fees eMeds/ImageTrend may charge either one time or yearly for interface needs.

1.2.3.1 Infor/EnRoute version 6.23.0907.2174 - E911 Computer Aided Dispatch system: It shall be the Offeror's responsibility to complete the integration to ensure automatic information transfer of critical patient information. Fields required include but are not limited to name, address, location, and all pertinent dispatch time fields. It is incumbent upon the Offeror to conduct its own research into the required integration.

1.2.3.2 ImageTrend Patient Care System: It shall be the Offeror's responsibility to complete the integration to ensure the automatic information transfer of critical patient information. It is incumbent upon the Offeror to conduct its own research into the required integration. Integration will be at the expense of the Offeror.

1.2.3.3 MIEMS Maryland State: It shall be the Offeror's responsibility to complete the integration to ensure the automatic information transfer of critical patient care information. It is incumbent upon the Offeror to conduct its own research into the required integration.

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1.2.4 Existing System Interruptions

The Offeror fully understands that the System may, at times, be operating, in whole or in part, “alongside” or in conjunction with the County’s current public safety systems. The Offeror also understands that no interruption in the existing County public safety systems will be tolerated due to the commitment of the County to provide for the health, welfare, and safety of its citizens; therefore, the Offeror agrees that at no time will its employees, agents, Subcontractors or servants performing any work under the Contract interrupt the existing systems of the County or any components of such system. If an interruption is unavoidable for the Offeror to perform work under this Scope of Work and any resulting Contract, the Offeror shall first contact the County Project Director and authorized representatives of the police and fire departments and other public safety agencies served by the County Systems and set out in writing the following:

- The nature of the work that will cause the unavoidable interruption;
- The nature of the interruption;
- The duration of the interruption; and
- A detailed statement of the scope and sequence of the work to be performed during the interruption.

The proposed System shall work with the current County environment and products. The proposed System shall also provide the technical support for the Ambulance Reporting System.

After giving notice and providing the written notification described above, the Offeror may proceed with the work **only after receiving written confirmation from the County’s Project Director** that the interruption is both unavoidable and can be tolerated by the County. If the Offeror fails to follow the procedure described above or if the Offeror’s work causes an interruption to a greater extent or duration than was set out in the writing described above, or if the Offeror accidentally

causes an unscheduled interruption, the Offeror shall be strictly liable for all actual documented damages arising from and caused by the interruption. In no event shall the Offeror be granted any extensions of time for performance under any resulting agreement for the time spent following the above-described procedures.

1.2.5 Data Conversion

The Offeror shall perform all of the Data Conversion specified in this Scope of Work.

1.2.6 Program Management

The Offeror shall assign a dedicated Program Manager who is authorized to exercise technical direction, oversee, and have complete responsibility for the project.

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This "Program Manager" shall demonstrate a minimum of five (5) years of program management experience, applying the principles and practices of program management, and shall have shown management and direction of the planning, and performance verification of past programs which would be applicable to this program. The County reserves the right to disapprove, with reasonable cause, any individual designated as Program Manager before or after he or she is appointed. In the event of disapproval, the Offeror has the sole responsibility to provide a Program Manager who is acceptable to the County. The Program Manager shall coordinate all work between the various parties involved (i.e., prime, Subcontractors, etc.), and provide immediate liaison between the Offeror, the County, and the County's technical consultant.

The Program Manager shall, at a minimum, attend quarterly program meetings (either in person or by phone) as scheduled by the County; provide monthly status reports; provide program schedule updates and transmit them to the County or the County's designee in both hardcopy and electronic format; and provide other reports as reasonably requested by the County.

Quarterly (or more frequent as required) program meetings between the County and the Offeror's Program Manager shall continue for the duration of the program. Meetings may take place in person or by phone. The Offeror's Program Manager shall provide within five (5) days of the meeting a written report to include the following minimum items:

- Work performed in the previous month.
- Work planned for the upcoming month.
- New problems or issues encountered.
- Problems or issues resolved and associated resolution.
- Action items.
- Program schedule.
- Fiscal report.
- A plan to address problems or issues encountered.

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1.3 Requirements of the Medical Transport Billing and Collection Services

1.3.1 Overview

It is anticipated that the Offeror shall utilize an all-inclusive system that includes equipment, products, materials, supervision, and labor required to provide a comprehensive, automated medical transport billing and collection service. The Offeror shall be required to provide all technical and administrative support to perform the billing and collection. The Offeror shall describe its billing and collection fee-based service to the County as described below:

1.3.1.1 Scope of Work

The County desires a proven product and solution, reliable, user-friendly, and fully functional service to perform Medical Transport Billing and Collection for the County's Office of Finance. The proposed System shall work with the current County environment and products. The proposed System shall also provide technical support for the Ambulance Reporting System. The Offeror shall be required to provide all technical and administrative support to perform the billing and collection services.

1.3.1.2 Assumptions

The following assumptions shall be used as a basis of the Proposal submitted:

1.3.1.2.1 The fee of \$700.00 for BLS, \$700 for ALS1 and \$750 for ALS 2 (or current County legislated fee) and loaded mileage based on the Medicare allowed rate shall be assessed for the care and transportation of patients to any higher level of care facility to recuperate a part of the fleet maintenance cost of the service provided.

1.3.1.2.2 **ALL** patients shall receive service regardless of their ability to pay. No patient shall ever be discouraged from treatment/transport for the inability to pay or insurance coverage.

1.3.1.2.3 The pre-hospital clinicians (medical transport) shall not request any insurance information from the patient other than their name, full address, Social Security number, and signature.

1.3.1.2.4 No questions shall be asked, whatsoever, regarding user fees or the patient's ability to pay.

1.3.1.2.5 Only patients transported to a medical facility shall be assessed the fee.

1.3.1.2.6 The Offeror shall work with the County to prepare guidelines and waiver application form for the waiver of fees for those who are

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unable to pay due to financial hardship. A a copy of the approved waiver application will be posted on the Anne Arundel County Web site and will be mailed upon request.

1.3.1.2.7 The County's Authorized Representative may cancel any account for any reason.

1.3.1.3 Offeror shall design and detail to the County as part of the proposal, their comprehensive Billing and Collection services.

1.3.1.4 The County will engage a third party to conduct an annual audit, at no cost to the County. These costs should be taken into consideration in your cost proposal. The annual audit shall be completed and presented to the County each year prior to the anniversary date of the contract. The audit shall consist of a review of 150 randomly selected patient care, billing and payment records from the previous calendar year for Medicare and Medicaid beneficiaries. The audit shall be conducted in accordance with certain key aspects of the most current publication of the OIG Compliance Program Guidance for Third-Party Medical Billing Companies and others as deemed appropriate by the third-party auditor. Discrepancies noted in the annual audit will be addressed and the Offeror shall take corrective action, as appropriate.

1.3.1.4.1 Key Compliance Aspects:

- Proper use of Medicare/Medicaid HCPCS codes and modifiers.
- Compliance with medical necessity, dispatch, and destination requirements.
- Proper billing of primary and secondary insurances, including co-payments and deductible billing.

1.3.2 General Technical Proposal Requirements – Medical Transport Billing and Collection Services

1.3.2.1 The Offeror shall describe its proposed method of integrating with the existing ImageTrend (patient care) system (as well as other County administrative systems as appropriate).

1.3.2.2 The Offeror shall describe its fee schedule method in detail as calculated in Appendix A including the revenue calculation process and the fee percentages from *collected* medical transports, and descriptions of all other associated fees applicable to the County.

1.3.2.3 The Offeror shall be responsible for the billing and collection of all monies owed for emergency medical transport services rendered to patients using the established County fee schedule. Depositing of monies to the County shall be via electronic methods into County furnished bank accounts (to be supplied to the Offeror).

1.3.2.4 The Offeror shall demonstrate a minimum of five (5) years' experience as a third-party billing and collections service for pre-hospital emergency medical services and identify its number of years of experience with ambulance billing with Medicare.

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- 1.3.2.5** The Offeror shall provide system integration between the ambulance reporting system used on the mobile data computer equipment, the central ambulance reporting database, and the billing/collection system, thereby ensuring consistency of data and no need for data re-entry.
- 1.3.2.6** The Offeror shall obtain insurance information when such information is not provided by the County. The Offeror shall generate and submit claims and invoices to insurance companies, and/or individual payers within three (3) business days of the date the Offeror receives documentation of the transport from the County. Insurance companies include but are not limited to the following: Medicare, Medicaid, managed care organizations, commercial insurance companies, and other designated third parties.
- 1.3.2.7** Offeror shall create a bill, or document reasons for no bill created, for every patient transport within five (5) business days of the physical transport.
- 1.3.2.8** The Offeror shall bill patients directly for sums due in accordance with County guidelines and regulations.
- 1.3.2.9** The Offeror, in collaboration with the County, shall design, print, and send appropriate invoice statements, notices, and/or letters to responsible parties for the service provided. Invoice design shall be approved by the County prior to initial use.
- 1.3.2.10** The Offeror shall send a patient invoice consisting of the following information: name, address, county, state, zip code, service date, service from (scene), service to (hospital), incident number, account number, Medicare and Medicaid numbers, insurance policy number, a request for releases of information, payment authorization, and the amount due based on the user fees to individuals who have received treatment and/or transport. The Offeror shall, at no additional cost to the County, send one (1) copy of the County's Medical Release Form for billing purposes to patients who have received emergency medical transport services.
- 1.3.2.11** The Offeror shall be responsible for informing the County of any overpayments or credit balances in accordance with County guidelines. The County shall be responsible for processing and paying any refunds for overpayments or credit balances upon proper notification from the Offeror.
- 1.3.2.12** The Offeror shall issue reminder notices to insurers and patients on any accounts with an unpaid balance aged at 30, 60, 90, and 120 calendar days after the date of initial action unless specifically directed otherwise by the County's Authorized Representative in writing.
- 1.3.2.13** The Offeror shall immediately suspend any invoicing and/or collection efforts on an account upon receipt of a written notice from the County's Authorized Representative.
- 1.3.2.14** The Offeror shall adhere to the County collection policy with regard to past due accounts. The Offeror shall not be responsible for, nor receive a percentage of accounts transferred to the County for collection.
- 1.3.2.15** In its Proposal, the Offeror shall submit its method of decreasing delinquent accounts and maximizing payments received.

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- 1.3.2.16** The Offeror shall make efforts to receive payments electronically from insurance companies into bank account(s) designated by the County Office of Finance. The Offeror shall instruct all individuals to make checks and money orders payable to “Anne Arundel County, Maryland” and direct that they be sent to a lock box address specified by the County Office of Finance. Payments will be deposited from the lock box and digital copies of the backup material provided to the Offeror.
- 1.3.2.17** The Offeror shall adhere to such internal control standards as required by the County for the handling and deposit of all funds collected on behalf of the County. Receipts shall be recorded and reconciled no less frequently than daily. Detailed supporting documentation shall be sent to the County’s authorized representative via email concurrent with the transfer of funds.
- 1.3.2.18** The Offeror shall apply its knowledge, experience, and judgment to avoid or prevent the submission of claims, bills, or invoices to any payer where the Offeror knows, or should know, based on the documentation submitted by the County, that the services rendered do not qualify for reimbursement.
- 1.3.2.19** The Offeror shall return to the County for further processing or development, any documentation, patient care reports, claims, or other such documents, that the Offeror believes are incomplete or that do not qualify for reimbursement, along with an explanation of the reasons that the transport cannot be submitted for reimbursement and the additional information that may be required in order for the claim to be complete.
- 1.3.2.20** The Offeror shall appeal denied claims on the County’s behalf to any denying authority’s internal process. In no event shall the Offeror be responsible for, nor shall the Offeror initiate any litigation in any civil or administrative venue on behalf of or in the name of the County.
- 1.3.2.21** The Offeror shall provide a dedicated toll-free telephone number, as well as an electronic mail address, facsimile telephone number, and a 24-hour voicemail system for patients, insurance companies, and other payers.
- 1.3.2.22** The dedicated toll-free telephone number shall be staffed by the Offeror with live operators located within the United States, at a minimum between the hours of 8:00 a.m. and 5:00 p.m. local time Monday through Friday, unless other arrangements are approved by the County in writing.
- 1.3.2.23** The Offeror shall identify itself upon answering telephone calls as the billing agent for the County. Offeror shall respond and resolve, in a timely manner, all inquiries and complaints that address any aspect of the routine billing services, such as: account information, fees, insurance, etc. All inquiries that pertain to patient care services, payment issues, requests for waivers, and other extraordinary requests shall be directed to and/or coordinated with the County’s Authorized Representative for resolution.
- 1.3.2.24** The Offeror, when requested by the County’s Authorized Representative, shall assist in handling inquiries and complaints on other than billing issues (e.g., conducting surveys, reporting on proposed/pending

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legislation, and regulatory changes, etc.). The Offeror shall respond to all inquiries and complaints within 48 hours.

- 1.3.2.25** The Offeror shall maintain a Grievance Policy for patient billing disputes that includes written procedures and forms as approved by the County. The County shall be the final arbiter of disputes between the Offeror and customers, and its decision shall be final.

1.3.3 HIPAA Requirements

- 1.3.3.1** Offeror shall abide by all Federal, State, and local laws and regulations that impact this Contract which are in effect at the time of the award or enacted thereafter. Offeror shall abide by all laws when seeking reimbursement from individuals, private insurance carriers, and federal health insurance programs such as Medicare and Medicaid. This includes all regulations regarding the medical necessity of patient transports, proper billing for Advanced Life Support vs. Basic Life Support, and proper billing for multiple transports, as well as all other Medicaid and Medicare bill regulations.
- 1.3.3.2** Data shall not be resold or shared with any vendors or individuals that are outside the scope of what is required for the billing process. The County shall retain all intellectual property rights to data collected, and the Offeror shall have no rights to use this data without the specific written approval of the County.
- 1.3.3.3** The Offeror shall be responsible for knowledge of, and be in compliance with, the most current HIPAA guidelines including safeguarding all personal information, including name, address, phone numbers, credit/debit card account numbers, checking/savings account numbers, SSN, and any other information that can compromise an individual's personal identity. The Offeror shall describe computer and network security provisions in place, as well as all security precautions pertinent to the database and operations of the system in the Technical Proposal. Information can be obtained from the U.S. Department of Health and Human Services' [HIPAA Regulations and Standards](#).
- 1.3.3.4** The Offeror shall conduct all activities in full compliance with HIPAA's Transactions, Code Sets, Privacy and Security Rules, and upon the effective date of all future HIPAA Regulations and Standards.
- 1.3.3.5** The Offeror shall submit all transactions in HIPAA compliant electronic format regardless of whether the documentation is furnished to the Offeror in paper or electronic format; however, in certain circumstances, the County may approve the submission of paper claims.
- 1.3.3.6** The Offeror shall have a HIPAA compliance manager and shall guarantee their availability on-site within four (4) hours. Offeror shall provide the name of the person in the organization and the background experience to qualify for this position.

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1.3.4 Data Management and Reporting

1.3.4.1 Offeror shall have and demonstrate experience in systems management, integration, and security experience relevant to billing for ambulance transport services. Offeror shall demonstrate this experience with at least three (3) references of previous experience covering each of these areas in the Proposal. Offeror shall be required to maintain the operations of current or superior software including required maintenance, upgrades, and licensing fees, at no additional cost to the County.

1.3.4.2 The Offeror shall submit the "Management Report(s)" in both hard copy and County-approved electronic formats to the County's Authorized Representative for review and approval by the 15th working day of each month or as requested. The Offeror shall design a clear and concise report format to be approved by the County's Authorized Representative.

1.3.4.3 The Management Report shall accompany the Offeror's monthly invoice and shall be used to reconcile the monthly collections with the revenue recorded in the County's financial management system. The report(s) shall include a narrative summary and the following information and statistics:

- Number of Basic Life Support and Advance Life Support Unit Transports.
- Number and percent of Billable and Non-Billable Transports.
- Number and percent of forms with insufficient information.
- All deposits made into the County's account along with the Offeror's invoice.
- Total revenue and number of accounts collected for the month (net billings).
- The monthly and cumulative collection rates (in dollars and counts) by category.
 - Number of accounts processed for Self-Payer Insurance Coverage.
 - Number and percentage of bills returned by the Postal Service.
- Patient information, value of the amount owed, value of the amount received, and value of the amount due.
- For Medicare, Medicaid and Medicare/Medicaid accounts the report(s) Offeror shall include the following:
 - Number of accounts submitted on a monthly basis.
 - Total amount received and rate of receipt.
 - Percentage of claims rejected.
 - Number and percent of rejected claims that are eventually paid.
- Uncollected accounts by age in 30-day increments
 - Total number of delinquent accounts
 - Value of delinquent accounts
 - Patient Information

1.3.4.4 The Offeror shall submit other reports as requested by the County's Authorized Representative. This shall include a quarterly report in support

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of the County's Volunteer EMS Grant program. The report will be in Excel format, titled Volunteer EMS Grant Report.

Quarters defined as January - March, April - June, July - September, and October - December.

Reports to be completed and provided 2 weeks after the close of each quarter.

Data fields as required (and may be updated) including but not limited to;

- Incident #
- Date of service
- Provider Names
- Provider ID numbers
- Payment percentage
- Payment amount, total, and percentage amount
- Deposit date
- Vehicle number

Report parameters, by company, including but not limited to:

- Payments that reflect deposit dates within the current quarter
- Sorted by incident number
- Peak vs Non-Peak (defined by dispatch time)
- Time of day, and day of week (defined by dispatch time)
- Number of Volunteers per incident #
- Ownership of each vehicle on date of call
- Formatted to print

Payment rules/report requirements may change over time and must be accommodated.

1.3.4.5 The Offeror shall submit a quality control report to the County's Authorized Representative on a quarterly basis (March, June, September, and December) by the 15th of the following month.

1.3.4.6 The Offeror shall provide the County with its Quality Assurance and Internal Auditing Controls Plan for detecting, correcting, and avoiding process errors.

1.3.4.7 The Offeror shall submit to the County's Authorized Representative an annual summary of the Management Reports as indicated above.

1.3.4.8 The Offeror shall provide detailed proof, including complete and detailed documentation of the system and security and disaster recovery plans, to be included in the Technical Proposal. The plans shall include:

- Specific and detailed information regarding encryption of electronic data or otherwise securing data during transmission.
- Software Crash Tolerance: Server and client software shall maintain its integrity in case of power failures and abrupt shutdown.
- Restart/Recovery: The system shall be capable of restart and recovery after system failure with no loss of data or software components.
- File protection: This feature shall provide the capability to limit the type of operations (e.g., read, write, delete) that can be performed by individual users on given data or program files.

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- Integrity Checking Feature: The system shall provide the capability of identifying the existence of program and/or system discrepancies.
- Hardware Redundancy: Implementing backup drives and Raid configurations for database, application, and network servers.
- Data backup and recovery process: Including data archive policies.
- Copy of its Data Center (where the County system would be housed and operate from) Disaster Recovery and Avoidance plan.

1.3.4.9 In the event of termination the Offeror shall maintain the files for the term of the Contract and transfer the files in their entirety to the County (in electronic formats approved by the County), within 30 days after the Contract's expiration or termination on electronic media of the County's designation. Upon termination of said Contract, the Offeror shall cooperate fully with the County and any subsequent Offeror to immediately transfer all publications, documents, property, equipment, and any other materials in which the County retains ownership related to the work. All data shall be immediately transferred to the new Offeror or to the County if a new Offeror is not assigned.

1.3.5 Medical Transport Billing System Components

Proposal shall include a block diagram detailing the components of the proposed system.

1.3.6 Medical Transport Billing and Collections Servers

The System shall operate on redundant or fault-tolerant systems/servers that provide quick and fully transparent fault recovery to all mobile units in order to provide the required system availability of 99.9 percent. Processor and disk storage redundancy may be required in order to achieve the desired availability and protection of information. The System shall be configured such that operating a training component and/or running reports shall not affect system response time.

Response time is defined as the time between the depression of the last keystroke or pointing device activation (e.g., click) and the appearance on the workstation/terminal of the last character of the initial response (e.g., first page, pop-up window, etc.)

Offeror shall describe how its solution meets the above response time and how it intends to measure response time if different than described herein. The County reserves the right to review and approve the methods used to measure response time.

1.3.7 Storage Subsystems (where applicable)

Storage capacity shall be sized to accommodate the storage of 100 percent more than the combined current calls for service and related data volumes for EMS. Proposal shall indicate the expandability of the proposed storage systems and any methodology used to provide redundancy. The System shall employ sufficient disks and required disk controllers to minimize points of failure.

The Offeror shall provide any external array chassis for disk drives that are not incorporated within the available expansion bays of the computer system/server.

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Management software for the storage system shall be specified and provided by the Offeror and shall be included in the Technical Proposal.

1.3.8 System Availability Requirements

The overall System shall be available a minimum of 99.9 percent of the time each year when measured on a 24-hour per day, seven (7) days a week basis for 365 days including system maintenance and upgrades. Availability may be achieved through redundancy or fault tolerance and shall be transparent to the user. The Offeror shall demonstrate how it proposes to achieve this requirement and shall be included in the Proposal.

1.3.9 Disaster Recovery

The System shall provide the ability to comply with the County's Disaster Recovery Policy. While some people consider disaster recovery and business continuity synonymous, disaster recovery focuses on restoring operations, while business continuity concentrates on what the County can do to continue working while that restoration is happening.

The County has a minimum standard for backup and recovery strategies that will ensure recovery from hardware, software failure, or data corruption with minimal loss of data and minimal downtime of normal business operations. The risks to data and systems addressed by this policy include natural disasters (fire, earthquake, and flood), terrorist attacks, fraud, intentional misuse, hacking, negligence, and accidental errors. Offeror shall address the strategies employed or that are available in its proposed system for disaster recovery in the Proposal.

A Disaster Recovery Plan shall be required of the Offeror during implementation and shall include backup and recovery for data, software, hardware, and communications infrastructure that is not covered by County OIT. The Plan shall be an inventory listing of equipment, including model numbers, specifications, and Offeror contact information, for emergency repair/or replacement. A disaster recovery test shall be conducted during the Throughput Acceptance Test to ensure that the recovery performs as intended and data is restored successfully.

1.3.10 Background Checks

The Offeror shall have a process in place for performing background checks on all employees and agents of the Offeror who shall perform services under this Scope of Work and subsequent Contract.

Prior to the execution of a Contract, the Offeror shall provide an initial written certification that it has completed background checks as set forth in this section on all personnel and proposed employees or agents performing services on behalf of the County. Background checks should be made available to the County upon request.

The Offeror shall immediately report to the County, in writing, if it becomes aware that any of its personnel or agents performing services under the Contract have been convicted of a crime (other than a traffic violation).

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1.3.11 Collection Services

The Offeror shall design and detail to the County as part of its Proposal, a comprehensive collection service system. The County expects compassionate billing to be part of this Proposal.

1.4 Analysis and Reporting for Emergency Service Transporter Supplemental Payment Program (ESPP) Reimbursement

The Offeror will work with the County to analyze and report costs to help realize funds for Medicaid transports related to the Emergency Service Transporter Supplemental Payment Program (ESPP) as administered by the Maryland Department of Health (MDH).

- Identify eligible costs and develop appropriate cost allocation methodologies to report only allowable costs for providing EMS to Medicaid and, as applicable, uninsured populations.
- Prepare the Medicaid cost report for EMS on behalf of the provider, due by December 31 of each year.
- Conduct an analysis of the provider's financial and billing data in order to prepare and submit annual cost reports, the mechanism for providers to receive additional revenue under ESPP.
- Provide comprehensive desk review support, including but not limited to conducting reviews of all cost settlement files, performing detailed analysis of billing reports generated by Medicaid agencies to ensure that all allowable charges and payments are encompassed in the calculation of the final settlement, and drafting letters and providing supporting documentation to meet Medicaid requirements and expedite settlement.
- Perform relevant analysis to determine a viable Managed Care Organization (MCO) supplemental payment methodology.
- Execute MCO supplemental payment calculations in adherence with the approved methodology.
- Determine enhanced supplemental payments realized by the provider, as necessary.
- Conduct a comparative analysis to identify significant trends in billing and financial data.
- Provide charge master review to ensure that the provider is optimizing charges to drive revenue generation.
- Respond to and represent the County on any MDH or Centers for Medicare & Medicaid Services audit, review, or communication regarding any ESPP cost report prepared by the Offeror and delivered to MDH on behalf of the County.
- Conduct a thorough review of operational and administrative costs to determine 2 CFR Part 200 allowable costs on the cost report approved by MDH.
- Develop and apply appropriate cost allocation methodologies using the utilization data produced by the County's Computer Aided-Dispatch (CAD) system.
- Provide automated compliance reviews and trend analysis through a web-based EMS Cost reporting system.
- Refine the cost reports and/or other items of cost based on the review from MDH/MDH's auditor of the cost reports.
- Draft responses, provide supporting documentation, and conduct comprehensive billing reconciliations as required during the MDH desk review process.
- Work with the County to present updates and status reports to the County's administrative body or other interested parties within the community, as necessary, to help educate and inform them on the progress of this initiative.
- Act as a liaison between MDH and the County to address any questions and keep

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- the County informed on changes in state and federal regulations.
- Provide ongoing technical assistance on programmatic and policy issues related to ESPP.

1.5 Deployment Strategy

The Scope of Work specifies the ultimate design and performance of features and functions required in the System. The County desires full and complete deployment of the system on October 1, 2024.

1.6 Offeror's Qualifications/Requirements

Offeror shall meet the following minimum qualifications:

- Offeror shall have a minimum of five (5) years' experience in providing Emergency Medical Billing and Collection Services in providing comparable EMS services as Anne Arundel County's population base and with a comparable transport volume.
- Offeror shall have a minimum of one (1) years' experience in completing supplemental billing for Medicaid reimbursements under an ESPP program or working with a subcontractor to complete such supplemental billing.

Verification of successful services shall be achieved through the listing of at least three (3) references of other public safety sites with a size and population similar to Anne Arundel County where established solutions were operational and fully accepted in a similar configuration. References shall confirm the services are field proven, dependable, and reliable by the Offeror showing:

- Successful prior/existing programs, including the most current number of EMS transports in a year, the latest yearly revenue dollars generated, and the percentage success rate for each Contract;
- Dates of programs;
- Contracting entity name;
- Contracting entity contact person; and
- Contact current phone number.
- The Offeror shall provide and have past experience providing accounts receivable services in accordance with Generally Accepted Accounting Principles (GAAP) and shall have experience with client subject to Government Accounting Standards Board (GASB).
- The Offeror shall apply to all Medical Insurance providers. The Offeror shall also confirm that application to all Medicare insurance providers shall be made, has already applied, or has already applied and the Offeror has been accepted or denied.
- The Offeror shall include its most recently completed audited financial statements. The County prefers the last two (2) completed financial statements; however, one will be acceptable.
- The Offeror will provide an account representative with at least two years' experience with the company.
- Offeror will perform a monthly reconciliation report between the Computer Aided Dispatch System and ImageTrend.
- The Offeror will provide support services via a 1-800 number to the County including:

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- Researching and resolving account-related questions;
- Providing assistance with hardship requests, settlements, and disputes;
- Transport reconciliations;
- Collection agency inquiries;
- Patient requests for documents; and
- Overall account maintenance
- The Offeror shall submit a proposal and retain services for a yearly performance review. This third-party auditor shall be approved by the County. A list of standards from the third-party auditor, at no cost to the County, shall also be approved by the County.

1.7 Detailed Technical Proposal

The following subsections shall be included in the Proposal:

1.7.1 Offeror's Qualifications/Requirements

Offeror shall address all bullets listed in Section 1.6.

1.7.2 Executive Summary

The Executive Summary provides the Offeror an opportunity to describe the overall solution, including benefits that can be realized from the proposed solution and discriminators that make the Offeror's solution unique. The executive summary shall be limited in length to no more than five pages.

● System Overview

In the Offeror's proposal, the Offeror shall provide a Technical Solution Description, which addresses:

- The Statement of Work and the solution proposed.
- The Offeror shall explain how the requirements identified will be accomplished.
- The System Overview shall also include a description of any design/development activities, as well as the implementation, testing, and training methodology to be used throughout the project. The Offeror shall include an acknowledgment of the Offeror's full comprehension of the nature of the tasks involved in the Statement of Work, and acceptance for the full responsibility of all work required within the timeframes set forth in this Scope of Work.
- The System shall be field-proven, dependable, reliable, and established solutions that are operational and fully accepted in a similar configuration in at least three (3) other public safety sites with a size and population similar to Anne Arundel County. The Offeror's proposed system shall afford the ability to support future requirements through expansions instead of total systems replacement.
- The System shall afford the ability to support future requirements through expansions instead of total systems replacement. Provide examples of future expansions done and expected to be done.
- Offeror shall demonstrate the success rate in collections.

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1.7.3 Corporate Qualifications and References

- Business Organization. The Offeror shall provide an overview of the corporation, including information on the office or branch that will be performing the work.
- Project Team. The Offeror shall provide information on the project team, including resumes for all key project personnel.
- References. The Offeror shall provide a minimum of three (3) references of successful Medical Transport Billing and Collection Services users who have contracted with, and who have fully operational systems similar to the proposed configurations. This shall include the name of the agency, a description of the system, date of system installation/completion, contract value, the yearly number of EMS transports, yearly revenue dollars generated, percentage success rate, and the name and title of a contact person, address, and telephone number for each reference. These references should be running the latest version of the proposed System.
- Offeror shall provide information on any business activities or contractual obligations which have the potential for conflict with, an effect on, or influence on its capabilities to perform in full accord with the Scope of Work, including any disclosure of current prosecution, pending charges, or other legal proceedings in any jurisdiction concerning the Offeror. Offeror shall also note that this is a continuing disclosure requirement.
- The Offeror shall provide and have past experience providing accounts receivable services in accordance with Generally Accepted Accounting Principles (GAAP) and shall have experience with clients subject to Government Accounting Standards Board (GASB). This shall be verified through a management letter with comments, if applicable, looking at the internal control structure/practices and suggested corrections on improvements from an outside CPA firm.

1.7.4 Subcontractor Qualifications and References

Information on the Offeror's Subcontractors shall also be submitted with the Proposal, including the same information as for the Offeror. If the Offeror intends to engage a Subcontractor(s) to provide any part of the equipment or work required by this Scope of Work, the Offeror shall provide each Subcontractor with a copy of the Scope of Work (or relevant subsections) to ensure the Subcontractor's awareness and subsequent compliance with all pertinent requirements of the Contract. The Offeror shall provide certification of this provision by identifying the proposed Subcontractors and their credentials with the Offeror's response to this solicitation. The information to be included is:

- Subcontractor's entity name.
- Contact name, phone number, fax number, and email.
- Portion of project (%) and description to be performed by Subcontractor.
- Previous experience implementing similar projects.
- The County reserves the right to request references of all Subcontractors.
- The County reserves the right to approve or reject any subcontractor.

No part of the Contract shall be sublet without the prior written approval of the County. If the Offeror sublets any part of the contract, the Offeror shall be as fully responsible to the County for the acts and omissions of the Subcontractor and of the persons directly or indirectly employed by the Subcontractor as the Offeror is for the acts and omissions of persons employed by itself.

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The County reserves the exclusive right to determine the relative importance of the work of each Subcontractor, and, at its sole discretion, to require each Subcontractor to appoint a Project Manager who shall meet all requirements established by the Offeror's Project Manager, including the County's right to disapprove assignments to the project, and the requirements for being on-site.

1.7.5 Technical Compliance

1.7.5.1 System Integration

Offeror shall indicate the extent to which and the ease with which Offeror's proposed System is integrated among modules and sub-systems, and can be integrated with existing applications and sub-systems.

1.7.5.2 Data Conversion

Where necessary, Offeror shall indicate the extent to which the Proposal addresses the data conversion requirements of the Scope of Work and the adequacy of the tasks proposed to successfully convert the County's data.

1.7.5.3 Implementation Plan and Project Schedule

The Offeror shall provide a detailed implementation plan to satisfy all requirements of system implementation, coinciding with the project schedule to describe how the Offeror shall deliver, install, and meet acceptance tests according to the schedule. A system cutover plan shall provide for the continuous operation of the County's existing Communications Center functions.

The project schedule shall be provided in GANTT chart format depicting the start and stop dates for all tasks, with major project events and milestones from Contract execution to final system acceptance. A separate GANTT chart shall be provided for each phase. Each schedule shall include tasks, predecessors, resources, task duration, task responsibilities, and milestones. The schedule shall identify the Critical Path, and include an estimate of the project completion date, based on the tentative project commencement date. At a minimum, the following tasks shall be addressed in the project schedule and implementation plan (some of these may not be necessary for this project):

- Contract award.
- Detailed system design.
- Integration of data network services.
- Data Conversion Plan/Preliminary Analysis.
- Installing all circuit connections (if necessary).
- Establishing all interfaces.
- Data Conversion (if necessary).
- Performance of integration testing and optimization.
- Deliver system documentation.

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- Training.
- System acceptance testing.
- Warranty period.
- Training Plans.

1.7.5.5 Training Plans

The Offeror shall also provide a Training Plan describing the methodology, number, and type of training that is to be provided to all personnel. Training locations, class size limitations, prerequisites, and required materials shall all be identified.

1.7.5.6 System Reliability

The Offeror shall indicate to what extent the Offeror's Proposal achieves the objectives of enhanced system availability and reliability.

1.7.5.7 System Interoperability

The Offeror shall indicate to what extent and ease internal (e.g., Anne Arundel County agencies) and external (e.g., hospitals) users can exchange information and interoperate.

1.7.5.8 Customer Service and Technical Support

Explain the availability and qualifications of Citizen Customer Service and local technical service/support, and maintenance facilities, and availability, location, and quality of training for maintenance and user group personnel.

1.8 Proposed Calculation Models - Revenue Projection

Offerors shall provide a detailed narrative of the proposed solutions, and how they will calculate and generate the maximum revenue collections, including what assumptions are being made, and how those will factor into the percentage pricing. The projected revenue shall include net collections, net refunds, bad check adjustments, and other corrections. **DO NOT PROVIDE ACTUAL NUMBERS.**

1.9 Detailed Cost Proposal

The Proposal shall contain all pricing information relative to the products and/or services as described in this Scope of Work. All Cost Proposal information shall be located in the Cost Proposal Response (Appendix A) and shall include the following information:

1.9.1 Pricing Sheets

The basic format for pricing is provided in Appendix A of this Scope of Work. **The three-year cost projections shall be integrated into the pricing sheets.** Three-year costs shall reflect all recurring and non-recurring costs.

Offeror shall provide a complete system at no cost to the County, integrating with ImageTred/eMeds (patient care reporting system), Computer Aided Dispatch

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(EnRoute commercial application) and MIEMSS (patient care and Maryland State Law reporting requirements) applications.

The pricing sheets shall include the information listed below. Additional attachments may be added.

The Offeror shall describe its billing and collection fee-based service to the County as described in Section 1.3.

Offeror shall also state the percentage of total revenue collected this projection will be. The percentage of total revenue shall remain the same throughout the term of the Contract. Offeror shall state its proposed fee schedule as a fixed percentage of total revenue collected in the Proposal Form found in Appendix A.

The County shall not have to pay out any dollars as a result of these services, only a percentage of revenue generated by the Contract.

1.9.2 Revenue Projection and Fee Schedule

The Offeror shall provide a revenue projection and a fixed fee percentage based on the revenue collected each month. Pricing shall address all appropriate financial information necessary for completion of the Scope of Work and a detailed narrative describing how these numbers were calculated. Offeror shall describe projected collections, revenue, and cash flow to the County. The Proposal shall be accompanied by supporting cost information.

1.9.3 Fee Schedule

Fee shall be a FIXED PERCENTAGE of total revenue collected. No additional charges shall be permitted.

The Offeror shall propose all billing and collections services on a fixed percentage fee basis being paid to the offeror, based on the revenue collected on behalf of the County. The fixed percentage fee for billing and collection services shall include the overhead, administrative costs, third party audit fees, collections, and a reasonable profit.

Billing and Collection Services to be provided shall include but are not limited to the following:

- EDI claims processing, including associated follow-up collection efforts.
- Obtaining insurance information.
- ACS lock box payment processing, including electronic postings.
- Bad debt collections.
- Electronic file interchanges with local hospitals.
- Insurance eligibility processing.
- Change of address processing.

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1.10 Future Market and Industry Changes

Utilizing the systems, methodology, and processes outlined in your technical proposal, provide the following projections. The County may require detail on how these projections were calculated.

- provide detailed narrative on how the anticipated revenue growth rate for years 4 – 10 will be projected in response to future market condition changes.
- please provide the fixed rate percentage fee rate for years 4 -10.