SUBJECT: AMBULANCE BILLING SERVICES (REBID)

BID #: ESC-0317-21 **OPEN DATE: 2021-02-24**

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: SERVICE CONTRACT - One (1) Year with Four (4) One (1) Year Renewal Options

AGENCY: FIRE/RESCUE

BASIS OF AWARD: Highest Scoring Bidder Based on Evaluation Criteria

NUMBER OF BIDS INVITED: 12 **NUMBER RECEIVED:** 3 **OTHER:** 2

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Demonstrations and oral interviews conducted with the top three (3) vendors were completed on April 20, 2021. Scoring and ranking of bidders are as follows:

Digitech Computer, Inc.	174.00	1
EMS Management & Consultant, Inc	159.00	2
Change Healthcare Technology Enabled Services, LLC.	158.25	3

Recommend approval of award to the highest scoring bidder, Digitech Computer, Inc. Period of service will be from October 1, 2021 through September 30, 2022 with four (4) one (1) year renewal options. Total estimated expenditure not to exceed amount is $1,118,174.00.

Funding for this award to be encumbered by account: 00111.125004.342630.000000.00000000.00000.0000000 – to be processed by formal contract through Office of General Counsel.

ATTACHMENTS: Recommendation Memo, Demonstration Scoring Sheet, Demo Evaluation Criteria, Demo Script, Previous Award

ANALYST: _____
OLIVE WALLACE-COHEN

RESPECTFULLY SUBMITTED: _____
GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: Keith Powers, Director Fire Chief

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING _____ MEMBERS DISAPPROVING _____ DATE: _____

_____ _____ OTHER: _____

_____ _____

_____ _____

_____ _____

_____ _____

ACTION OF AWARDING AUTHORITY DATE _____

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

OFFICE OF THE DIRECTOR

April 23, 2021

RECOMMENDATION MEMORANDUM

TO: Greg W Pease, Chief of Procurement Division

FROM: Keith Powers, Director / Fire Chief
April Mitchell, JFRD Administration & Finance Manager
Christel Burgos, JFRD Asst. Adm. & Finance Manager

RE: ESC-0317-21: Ambulance Billing Services

Jacksonville Fire Rescue Department's (JFRD) subcommittee has completed demonstrations and oral evaluations of RFP ESC-0317-21 and is recommending that the Competitive Sealed Proposal Evaluation Committee (CSPEC) make a final recommendation to the Mayor to award the top ranked firm, Digitech Computer, Inc.. The term of the agreement will be from October 1st, 2021 through September 30th, 2022 with four (4), one (1) year renewal options, and a maximum indebtedness of $1,118,174.

Accounting Code: 000111-125004-342630-000000-00000000-00000-0000000

The following documentation is accompanying this memo:

Exhibit 1 – Final Ranking Sheet
Exhibit 2 – Price Sheet / Digitech Computer, LLC.
Attachment A – Description of Services and Deliverables

Your assistance in concurring with this recommendation to the respective award is appreciated, If you have questions or need additional information regarding this request, please contact Christel Burgos, at 255-3264.

Respectfully,

Jacksonville
Where Florida Begins.

515 N. Julia Street | Jacksonville, FL 32202-4128 | Phone: 904.630.0209 | Fax: 904.630.4202 | amitchel@coj.net

AMBULANCE BILLING SERVICES

ESC-0317-21

	Evaluation Score	Demo Score (3 Proposals)	Total Combined Score (200 Maximum)	Final Rank
DIGITECH COMPUTER, INC	83.00	91.00	174.00	1
CHANGE HEALTHCARE TECHNOLOGY ENABLED, SERVICES, LLC	76.00	82.25	158.25	3
EMS MANAGEMENT & CONSULTANTS, INC.	78.00	81.00	159.00	2

Exhibit 1

Exhibit 2

FORM 1
PRICE SHEET

Company Name Digitech Computer LLC

FID/SSN Number 11-2693136

SCHEDULE OF PROPOSED PRICES/RATES

1. Percentage of Collections Fee (except Medicaid):

   3.45 %

2. Medicaid Monthly Processing Fee (*as a flat monthly fee, not per transaction, nor percentage of collections as per Section 409.913 Florida Statutes "payments for the services of Billing Agents or persons participating in the preparation of a Medicaid claim shall nor be based on amounts for which they bill not based on the amount a provider received from the Medicaid program"*).

   $ 11,000.00 per month

** Failure to provide a requested fee(s) will be grounds for response being rejected. (*"null" response is not acceptable*).

Handwritten Signature of Authorized Officer of Firm

2/18/2021
Date

Mark Schlowitz, President and CEO
Print Individuals' Name and Title

914-741-1919
Contact Phone Number

Attachement "A"

Section 4
Description of Services and Deliverables

CONTRACTOR in the course of daily business shall perform all "revenue cycle management" function's (RCM) consisting of sending, receiving, and processing claims to including but not limited to the following;

1. CONTRACTOR shall receive the electronic patient care report(s) (ePCR) via electronic upload nightly unless otherwise instructed by the BUYER from the Rescue Division. Additionally, the CONTRACTOR must be able to adapt to changes in the BUYER's software format that may occur from time to time.
    a. CONTRACTOR shall assign the ePCR an account number for billing purposes and list the corresponding Critical Care Report (CCR) number used by the BUYER.
    b. CONTRACTOR shall submit a verification upload report to JFRD daily of the previous nightly imports/uploads.
        i. Daily verification report needs to include at a minimum the BUYERS CCR incident number, CONTRACTORS assigned account number, Patient Name, LOS, and charges.
    c. CONTRACTOR shall be required to assign both the patients Social Security (SS) number and the Medicare Beneficiary Identifier (MBI) number when required to do so in order to meet all Federal mandates.
2. CONTRACTOR shall undertake Claims Processing as follows but not limited to:
    a. Processing of third-party billing:
        i. CONTRACTOR shall be solely responsible for obtaining all necessary patient demographics and insurance information necessary for billing/collection purposes.
            1. CONTRACTOR shall utilize multiple sources, including but not limited to the patient care report (PCR), hospital information, patient correspondence, etc. The BUYER at a minimum, will attempt to obtain patients name and DOB however, failure to obtain this information does not relieve the CONTRACTOR of their responsibility as stated above.
        ii. CONTRACTOR shall provide accurate coding of Level of Service, Procedures and Diagnosis in compliance will all current Federal and State billing regulations.
            1. CONTRACTOR shall be responsible for any penalties or charges due to incomplete, incorrect, or missing data elements as required by Centers for Medicare & Medicaid Services, (CMS) found in Chapters 10 - Ambulance Medicare Benefit Policy Manual and Chapter 15 Medical Claims Processing Manual of the (*www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf*) and/or any other Rules and Regulations.
            2. CONTRACTOR's medical billing coders working on the BUYERS account shall be certified as professional coders by a nationally recognized accreditation / certification organization i.e. The National Academy of Ambulance Coding (NAAC), American Academy of Professional Coders (AAPC), or American Health Information Management Association (AHIMA). Written verification shall be provided to the BUYER at commencement and then annually.

iii. CONTRACTOR shall submit claims on a daily basis via electronic transmissions where feasible and required, to Medicare, Medicaid, Commercial Insurance, Self-pay patients, etc. while following all Federal and State Rules and Regulations.

iv. CONTRACTOR will file to the appropriate insurance carrier after receipt of the necessary information (insurance information, appropriate signatures, eligibility verification, etc.), without delay and not to exceed five (5) days from initial upload.

1. CONTRACTOR shall provide daily clearinghouse transmission reports OR provide BUYER with viewing capabilities.

v. CONTRACTOR shall Re-file claims as needed to insurance carriers.

vi. CONTRACTOR shall on occasion amend ePCR's at the direction of the BUYER as needed and refile when applicable.

b. CONTRACTOR shall ensure patient statements contain the following:

i. Provide a "Patient Notice of Privacy Practices" as required by the HIPAA Privacy Rule.

ii. At the top of each statement provide both a toll-free telephone number and e-mail address that is specifically for BUYER's accounts. Each statement shall include account charges, payments and balance information on the patient accounts.

iii. Display a link to the BUYERS payment website.

3. CONTRACTOR shall provide in-house collections activity to including but not limited to the following:

a. Third – party payers shall be monitored for payments.

i. Follow up shall occur if payment is not received within 45 days of the billing date, CONTRACTOR will rebill or appeal as necessary.

ii. If full payment from the third-party is not received within 60 days, the payment may be sought from the patient via the self-pay billing process outlined below.

b. Self-pay accounts will be reviewed and worked by the CONTRACTOR as follows:

i. Except where Federal Regulations mandate, all patients will receive an initial statement after all patient's demographic and insurance data sources have been researched, but no later than five (5) calendar days of an account being entered into the billing system.

1. Statements shall be sent to the patient every 30 days from the last patient statement date or last claim filed date, whichever is later, until such time as the account is paid in full or turned over to the BUYER's designated collection company.

4. Monthly, each account meeting adjustment criteria shall be reviewed by the BUYER's designated representative(s). Accounts classified as NMN, DOE, Bad Address, Minor's, Workers Comp or Auto will need to be reviewed and approved by the BUYER prior to being adjusted or sent to pre-collections.

5. Prior to sending accounts to the collection agency CONTRACTOR shall:

a. At minimum, send three (3) statements to the patient before an account is considered to be turned over to the BUYER's designated collection agency.

b. The final patient statement (3rd statement) will contain language indicating that the account will be sent to pre-collections within fifteen 15 days if a payment or payment arrangement is not made.

c. Verify patient demographics and insurance information with the receiving hospital(s) via electronic interface with each hospital.

d. Accounts one hundred and twenty (120) calendar days from upload will be reviewed and sent to the BUYER'S designated collection agency each month in a "Pre-Collection" status.
    i. Exception(s) to 120-day turnover;
        1. Account in process of being appealed
        2. Patients on payment plans
e. CONTRACTOR shall re-invoice and re-file claims as needed to insurance carriers for the BUYER's designated collection agency for the life of the credit file – seven (7) years.

6. CONTRACTOR will Post payments daily as follows;
    a. All correspondences received in the BUYERS Lockbox(s) regarding primary and secondary insurance payments received will be documented within three (3) business day in the patients account.
    b. All non-payment EOB information will be posted within five (5) business day to the patients account and follow up action taken as needed. (Examples; ADR, Denials, etc.)
    c. CONTRACTOR shall report recovery from the collection agencies (primary and secondary) on a monthly basis. In addition, the CONTRACTOR will report monthly, to the collection agency and the Buyer, all collections it has received on billings that have been previously turned over to the collection agency.
        i. CONTRACTOR will keep an unmatched filing system of any payment they are unable to post with copies of the checks and back up. A monthly report of unmatched payments shall be generated and provided to the BUYER.
        ii. CONTRACTOR shall submit in writing to BUYER all overpayments and identified refunds no later than fifteen (15) calendar days from the time the overpayment was made. A report with supporting documentation of all identified refunds will be sent to the BUYER bi-weekly using the required reporting format.
        iii. CONTRACTOR will provide a Cash Log of all postings by vendor at month end.
7. CONTRACTOR will produce an initial claim to process Indigent/Charity patient(s) within the normal processing time established after receiving the rescue report and adjust in accordance with Chapter 158.302 of the City of Jacksonville Ordinance Code.
    a. The CONTRACTOR shall provide a monthly report, in Microsoft Excel format, to the Fire/Rescue Division designee, as well as, the Finance Department/Accounting Division designee of the BUYER detailing the number of indigent patient claims processed or canceled, as well as, all other related information deemed necessary by the BUYER.
8. CONTRACTOR will provide the BUYER with the following management reports, transmitted electronically on a Microsoft Excel spreadsheet on a monthly basis by the 10th of the following month, or, provide access to a comprehensive reporting system hosted by the CONTRACTOR of the following reports and other reports as may be needed:
    a. **Accounts Receivable** summaries including detail to support the Summary report.
        i. Accounts Receivable Aging Summary (30, 60, 90, 120 days and over) and detail to support the Aging Summary report.
    b. **Monthly Charge Summary** by Incident Date, as well as a breakdown into financial classes (self- pay, Medicare, Medicaid, commercial insurance or other worker compensation etc.) indicating the total number of accounts entered for each class and the corresponding percentage by the number of accounts and charge amount. A detail report to support the charge summary report.
    c. **Monthly payments summary** indicating the percentage of total collection attributable to each financial class and a total dollar amount collected for each class. A detail report to support the payment summary report.

d. **Monthly adjustments summary** and detailed adjustments by incident date. These reports will show the amount billed, the adjustment (if any), reason for the adjustment, net billing, amount collected, and remaining balance.

e. **Monthly "statutory adjustments"** summary and detailed adjustments by incident date. These reports will show the amount billed, the adjustment (if any), reason for the adjustment, net billing, amount collected, and remaining balance. (Example: HMO Contractuals, Medicare Contractual's, etc.)

f. **Monthly New Accounts** Summary.

g. **Monthly Non-billable** Detail report. (Examples: Not Medically Necessary, John/Jane Doe's, Bankruptcy, Deceased, Minors, and Probate)

h. **Monthly Denial** summary report indicating the reason for the denial.

i. **45 Day No Activity** summary report indicating insurance company billed and total charges billed, and date of last activity by insurance plan.

j. **Monthly Collection turn over** summary report and supporting detail.

k. **Monthly Credit Balance** report with cash credit balances, last transaction date, account #, patient name and any other applicable balances.

l. **Monthly Refund Summary** report listing all refund requests submitted for processing.

m. **A Monthly Recap** report to be transmitted no later than the 10th of each month summarizing the following for all services provided the previous month.

   i. The total amount billed by **Level of Service (LOS)** – monthly and year to date basis for

      1. BLS ($ amount, # billings and % of billings)
      2. ALS1 ($ amount, # of billings and % of billings)
      3. ALS2 ($ amount, # of billings and % of billings)
      4. Mileage ($ amount, and # of billings)

   ii. The total collected **by Financial Class** – monthly and "Year to Date basis for"

      1. Self-pay ($ amount and % of billings)
      2. Medicaid ($ amount and % of billings
      3. Medicare ($ amount and % of billings)
      4. Insurance ($ amount and % of billings)

n. **Monthly Indigent Summary** reporting dollar amount and the number of accounts on a year to date basis.

o. **Monthly ePCR Documentation Analysis Summary** report by PCR author on accounts not billed/paid due to insufficient documentation.

p. **Monthly 60 Day Lookback** report consisting of but not limited to; DOS, Account number, CCR number, Patient Name, Total Charges, Insurance Type, Insurance Name, Charges, Adjustments, Payments, and Account Balance.

9. **End of fiscal Year** summary reports as requested.
   a. Reports for the period ending 9/30 (end of BUYER's fiscal year) must be received as soon as possible, but no later than 10/15.
10. Provide **Ad Hoc report** capabilities and or other information that may be requested by the Buyer. These reports are to be made ready for Buyer within 5 business days of the request to the Contractor.
11. Weekly CONTRACTOR will provide BUYER with open **AR reports**. Consisting of but not limited to:
    a. DOS, Account number, CCR number, Patient Name, Total Charges, Insurance Type, Insurance Name, Charges, Adjustments, Payments, Balance.
12. CONTRACTOR shall provide BUYER with reporting data needed to comply with the states **Cost Reporting** requirements in a timely manner.

a. Reporting data to consist of the following but not limited to; number of transports billed during reporting period, payments received during reporting period - broken into reporting financial classes, etc.

13. CONTRACTOR shall provide BUYER with reporting data necessary to comply with **CMS's Ground Ambulance Data Collection System survey.** All data needed must be segmented into primary and secondary servicing locations to include but not limited to; level of service, transports by payer types including Medicaid, Medicare, Self-Pay and Commercial insurances, and payments by payer types.
14. CONTRACTOR shall be able to meet CMS's Emergency Pandemic billing mandates and follow all Medicare's Emergency Declaration waivers as published by CMS.
15. The CONTRACTOR on behalf of the BUYER shall comply with the following:
    a. CONTRACTOR will comply with the privacy regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1966. Subtitle F – Administrative Simplification, Sections 261, et seq., as amended ("HIPAA"), to protect the privacy of any personally identifiable protected health information ("PHI") that is collected, processed or learned as a result of the billing service provided. In conformity therewith, it will:
        i. Not use or further disclose PHI except as permitted by the City or required by Law.
        ii. Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by this agreement.
        iii. To mitigate, to the extent practicable, any harmful effect that is known to the CONTRACTOR of a use or disclosure of PHI by the CONTRACTOR in violation of this agreement.
        iv. Report to BUYER any use or disclosure of PHI not provided for by this agreement of which the CONTRACTOR become aware.
        v. Ensure that any agents or subcontractors to whom the CONTRACTOR provides; PHI or who have access to PHI agree to the same restrictions and conditions that apply to the CONTRACTOR with respect to such PHI.
        vi. Make PHI available to BUYER and to the individual who has a right of access as required under HIPAA within 30 days of the request by the BUYER regarding the individual.
        vii. Incorporate any amendments to PHI when notified to do so by the BUYER.
        viii. Provide an accounting of all uses or disclosures of PHI made by the CONTRACTOR as required under the HIPAA privacy rule within sixty (60) days.
        ix. Make their internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for purposes of determining CONTRACTOR's and the BUYER's compliance with HIPAA.
        x. At the termination of the Agreement, return all PHI created or received by the CONTRACTOR on behalf of the BUYER and if return is infeasible, the protections of this agreement will extend to such PHI.
        xi. Prepare and present for approval "Business Associate" agreement in accordance with HIPAA guidelines.
        xii. CONTRACTOR will provide evidence of completion of a satisfactory HITRUST Audit within the past 12 months.
    b. The CONTRACTOR must provide HIPAA compliant secure website(s) (a different site for each of the main hospital groups) for the BUYER, the CONTRACTOR and the hospitals to transmit and receive data from each other.

i. Provide an Annual list of the electronic data connection and interface summaries with each of the BUYER's designated hospitals, along with samples of each download, or statistical connection data.

c. The CONTRACTOR must provide a secure access via the Web to allow the designated BUYER Administrators access to real time billing information and payment information for quality management purposes.
   i. CONTRACTOR will provide Proof of Compliance and certification (audit) of HIPAA HITECH standards.
   ii. CONTRACTOR will provide Proof of Compliance with and certification (audit) of HIPAA HITECH standard on an annual basis prior to contract renewal each year.
   iii. CONTRACTOR will provide documentation as written proof of validated of optimum data transmission speeds, security / encryption license, written validation on HIPAA secure websites and copy of most current SSAE 16 Report.
   iv. Maintain accounts in the database system for the life of the account and recall / retrieve any account when requested by the BUYER and or collection agency.

d. Among the specific uses and disclosures of PHI that may be made by the CONTRACTOR on behalf of the BUYER include:
   i. The preparation of invoices to patients, carriers, insurers and other responsible for payment or reimbursement of the services provided by the BUYER to its patients.
   ii. The submission of supporting documentation to carriers, insurers and other payers to substantiate the health care services provided by the BUYER to its patients or to appeal denials of payments for same.

e. CONTRACTOR shall have a current SSAE 16 (FKA SAS 70) on file – type II preferred, and provide the BUYER with an annual update.

f. CONTRACTOR shall provide their Business Continuity Plan/ Disaster Recovery Plan and Recovery timelines with proposal submission.

g. CONTRACTOR shall provide a copy of the Compliance Plan with proposal submission.

h. CONTRACTOR shall comply with all applicable laws, rules and regulations pertaining to the 2003 Fair and Accurate Credit Transactions Act, to include but not limited to the Federal Trade Commissions "Red Flag Rules". This is to include all revisions and updates since the 2003 law passage as it pertains to creditors, billing agencies, covered entities, fire and rescue agencies, EMS agencies, ambulance services, etc.
   i. Red Flag Rules - CONTRACTOR acknowledges its obligations as your Business Associate under the requirements of the Identity Theft Red Flag Rules promulgated under the Fair and Accurate Credit Transactions Act of 2003 ("Red Flag Rules") found in 16 C.F.R. Part 681. In accordance with these obligations, CONTRACTOR agrees:
      1. to ensure that activities are conducted in accordance with reasonable policies and procedures designed to help detect, prevent, and mitigate the risk of identity theft;
      2. to have in place policies, procedures, and training to help detect relevant Red Flags that may arise in the performance of services on BUYER's behalf;
      3. that CONTRACTOR will use reasonable efforts to help ensure that any agent or third party who performs services on CONTRACTOR'S behalf in connection with BUYER accounts, including a SUB-CONTRACTOR, agrees to implement reasonable policies, procedures, and training designed to help detect, prevent, and mitigate the risk of identity theft; and

4. to alert BUYER to any red flag incident of which CONTRACTOR becomes aware and
5. the steps CONTRACTOR takes to mitigate any potential security compromise that may have occurred and provide a report of any threat of identity theft as a result of the incident.

i. CONTRACTOR shall provide account information to support BUYER in all EMS billing audits and other administrative and judicial proceedings relating to the CONTRACTOR's scope of services including, but not limited to, the following:
   i. PCR information that has been captured into the billing system.
   ii. Transaction history.
   iii. Explanation of benefits (EOB) images.
   iv. Documentation supporting services provided, including level of service.
   v. All documentation and information reasonably requested by the BUYER.
   vi. Non-legal review of accounts being audited to assist BUYER in properly analyzing auditors' findings. Research, investigate, identify and verify recipients of services, claims for reimbursement, and payments received.
   vii. Provide BUYER with detailed explanations and justifications of claims submitted and levels of services, in a format as specified by BUYER; review of all explanations and justifications by the CONTRACTOR's compliance officer, a senior coder, and CONTRACTOR personnel having a previous or current certification of paramedic, or higher, and having EMS experience.
   viii. Participate in discussions to facilitate the audit process and ultimate resolution.
   ix. On site access to BUYER and/or audit personnel, as necessary, for the review of documentation and billing processes.
   x. Cooperate with any administrator or judicial proceeding including, but not limited to, providing testimony and responses to discovery requests.
   xi. Annual on-site visits to the Contractors processing center that processes the Buyers claims at the expense of the Contractor.

j. All patient billing / collection and report information will be on one database platform. Should the CONTRACTOR change hardware or software platforms, the CONTRACTOR will be responsible to move and / or convert the BUYER's data to the updated platform at no cost to the BUYER.

k. CONTRACTOR shall be responsible for furnishing training to all appropriate COJ personnel on issues regarding HIPAA compliance, Medicare/Medicaid requirements, PCR documentation, refund/write-off considerations and requirements and other such related issues regarding billing for ambulance service as needed.
   i. The CONTRACTOR shall furnish sufficient staff to provide and/or participate in training programs for COJ personnel on a quarterly basis or as requested by COJ for the training of newly hired and/or personnel reassignment within the COJ.
   ii. The CONTRACTOR shall provide annual continuing education modules for field personnel on data collection and report writing. Continuing education shall be accomplished either on-site or through a web-enabled learning system.

16. The CONTRACTOR will maintain a Patient Advocate on site at a location determined by the BUYER, which is currently at Fire & Rescue Headquarters. That individual will be the single point of contact (patient advocate) for all billing and billing related questions/complaints from patients.

i. The patient advocate will report to the CONTRACTOR and an in-house "designated official" as determined by the BUYER. The patient advocate will follow the 8:00 a.m. – 5:00 p.m. OR BUYER'S current work schedule requirements.

ii. The work duties of the patient advocate will be determined jointly between the CONTRACTOR and the Jacksonville Fire & Rescue Department. Such duties will be in writing and signed off by both parties.

17. The CONTRACTOR shall assign an Account Manager for BUYER's point of contact.
18. CONTRACTOR shall provide adequate staffing during EMERGENCY Declarations without sending BUYER's account to offshore locations for processing.
19. The CONTRACTOR shall, on a monthly basis, screen their workforce members and subcontractors through the U.S. Department of Health and Human Services' List of Excluded Individuals and Entities (LEIE) database. No persons on the LEIE may be permitted to work under this agreement. Reports providing proof of workforce screening shall be provided to the BUYER upon request.
20. Annually in accordance with Chapter 123 of the City of Jacksonville Ordinance Code, the CONTRACTOR shall make recommendations in writing to the Chief of Rescue regarding any changes to the fee schedule that may be needed.
21. The CONTRACTOR shall provide updates in advance regarding any statutory changes as they relate to insurance that may affect the methodology of the billing process (i.e. procedures, procedure codes and fees, etc.) in writing to the Chief of Rescue and EMS Billing Manager. In all cases, the CONTRACTOR shall be in compliance with all statutory changes which may occur.
22. The CONTRACTOR will provide the following by the implementation date:
    a. All postage, including overnight when necessary, for all correspondence between the billing company and the City that is necessary to support the billing process.
23. The CONTRACTOR must disclose present back-up procedures for daily, weekly and monthly backups, off-site storage locations and the safeguarding of the database information.
    a. A copy of the CONTRACTOR's contingency plan for disaster recovery for various states of emergency to include natural and man-made shall be submitted to BUYER prior to implementation date.
24. Provide, within thirty (30) days after termination of the contract and at no cost to the BUYER, a detailed listing of all accounts and continue to provide the BUYER maintenance for the life of the credit file (7 years) on every account processed by them; including but not limited by the following;
    a. Posting payments received from the primary and secondary insurance and payments received from the collection agencies designated by BUYER to the individual's account.
    b. Report payments received to the collection agency designated by the BUYER.
    c. Re-submitting of claims and patient invoices when necessary.
    d. Turn over billing to a collection agency designated by the BUYER as needed.
25. At the BUYER's discretion, the CONTRACTOR, at no cost to the BUYER, shall convert all active and inactive files to the BUYER's new billing company prior to the life of the credit file (7 years).
26. At the BUYER's discretion, the CONTRACTOR, at no cost to the BUYER, shall convert all active and inactive files from the prior billing company to their prospective format as required and maintain such records as specified by the BUYER, with updates as needed on an on-going basis in accordance with the contract requirements.
27. Exemplify desirable current communication technologies and systems in regards to the billing/collection process with the insurance carries as well as with the patients. Accepting current forms of payments including credit card and check payments by phone and online.
28. Develop / provide a matrix of quality measurements the City can expect from the CONTRACTOR. A monthly quality compliance report shall be produced indicating how monthly results and performance (Quality levels) measures with the established goals and standards (timelines, error

rates, etc.) ranked. This includes a matrix breakdown by report author, by reimbursement percentage and why the account was denied payment. This report or matrix will be due to the BUYER no later than the 10th of each month. The CONTRACTOR will meet with the BUYER at the BUYER's location to discuss and review billing issues.

(End of Section 4 - Remainder of page intentionally left blank)

AMBULANCE BILLING SERVICES

ESC-0317-21 - FINAL SCORING/RANKING

	Evaluation Score	Demo Score (3 Proposals)	Total Combined Score (200 Maximum)	Final Rank
DIGITECH COMPUTER, INC	83.00	91.00	**174.00**	1
CHANGE HEALTHCARE TECHNOLOGY ENABLED, SERVICES, LLC	76.00	82.25	158.25	3
EMS MANAGEMENT & CONSULTANTS, INC.	78.00	81.00	159.00	2

AMBULANCE BILLING SERVICES (REBID)

DEMONSTRATION EVALUATION

ESC-0317-21

Total Points (100)	25 Points	10 Points	25 Points	15 Points	15 Points	10 Points	OVERALL	Rank
Vendors	Revenue Cycle Management	Clearinghouse	AR Managment	Reporting	Miscellaneous	Implementation (On Boarding)	100 Points Max	
Digitech Computer, Inc.								
Christel Burgos	20.00	10.00	25.00	15.00	12.00	10.00	92.00	
April Mithchell	21.00	9.00	21.00	15.00	14.00	10.00	90.00	
Average	20.50	9.50	23.00	15.00	13.00	10.00	91.00	1
Change Healthcare Technology Enabled Services, LLC								
Christel Burgos	20.00	8.00	20.00	12.50	12.00	10.00	82.50	
April Mithchell	19.00	10.00	18.00	13.00	13.00	9.00	82.00	
Average	19.50	9.00	19.00	12.75	12.50	9.50	82.25	2
EMS Management & Consultants, Inc.								
Christel Burgos	20.00	8.00	25.00	12.00	10.00	8.00	83.00	
April Mithchell	18.00	8.00	20.00	13.00	12.00	8.00	79.00	
Average	19.00	8.00	22.50	12.50	11.00	8.00	81.00	3

AMBULANCE BILLING SERVICES

ESC-0317-21 - PROPOSAL EVALUATION SCORING MATRIX

Total Points (100)	5 Points	20 Points	75 Points	OVERALL	Rank
Vendors	Competence	Cost	Requirements Checklist	100 Points Max	
Digitech Computer, Inc.					
Christel Burgos	5.00	15.00	69.00	89.00	
April Mithchell	5.00	19.00	53.00	77.00	
Average	5.00	17.00	61.00	**83.00**	1
Change Healthcare Technology Enabled Services, LLC					
Christel Burgos	5.00	10.00	65.00	80.00	
April Mithchell	4.00	18.00	50.00	72.00	
Average	4.50	14.00	57.50	**76.00**	3
EMS Management & Consultants, Inc.					
Christel Burgos	5.00	20.00	61.00	86.00	
April Mithchell	3.00	20.00	47.00	70.00	
Average	4.00	20.00	54.00	**78.00**	2

TITLE: Ambulance Billing Services RE-BID BID NO.: ESC-0317-21 OPEN DATE: 02/24/21 ANALYST: Olive Wallace-Cohen No. Invited: (12) No. Received: (3) No Bids: (2) Recorded By: John Hernandez Announcer: Sokkhar Muon		Digitech Computer, Inc.	Change Healthcare Technology	EMS Management & Consultants, Inc.
Collection Fee:		3.45%	3.59%	3.20%
Medicaid Fee (monthly):		$11,000	$12,500	$11,000
NOTES:			Statements made regarding meeting minimum requirements however, copies of licenses not included	
Competence	5			
Overall Cost	20			
Requirements Checklist	75			
Total Points	100			
MINIMUM REQUIREMENTS		✓		✓
CONFLICT OF INTEREST		✓	✓	✓
INSURANCE AGENT ACKNOWLEDGMENT		✓	✓	✓
ADDENDUM (2)		✓	✓	✓

ATTACHMENT B-1
Demonstration Evaluation Criteria

ON-SITE DEMONSTRATIONS. Based on the scoring of the Responses, Buyer will select no fewer than three (3) but no more than five (5) of the highest scoring Proposers to participate in on-site demonstrations. Two and a half (2.5) hours will be allotted for this meeting. Proposer must provide a live demonstration of their application, highlighting the processs for Medicare, Medicaid, commericial and self-pay accounts.

The demonstration evaluations will be based upon the criteria identified in the table below. In preparation for the on-site demonstration, please adhere to and see the requirements stated in Section 4 of this Proposal. **Please note that the on-site demonstrations categories have a combined total of 100 points.**

Criteria	Description of Criteria	Maximum Points Available
Revenue Cycle Management	Transport upload/chart creation, verification reporting (daily), demographics verification, hospital connectivity, insurance verification (MC, MK, Comm, S/P), documentation analysis (incomplete patient charts), coding, invoice creation, patient statements	25
Clearinghouse	Transmission acceptance, transmission rejections, payments/EOBs, ACH remittance advice	10
AR Management	Payment posting, refunds, short pays, appeals, adjustments, reports, indigent/charity write offs, payment plan monitoring, bad debt identification/transfer	25
Reporting	Ad Hoc reporting, year-end financials, month-end closing reports	15
Miscellaneous	External audits, internal audits, chart audit trails, data retrieval, Oracle integration experience, ePro integration experience, patient portal, quality assurance	15
Implementation (On-boarding)	Explain process, timelines, operational guarantees, implementation training	10
Maximum Available Score		100

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

Disclaimer:
Due to the essence of time, only the following will be presented, and do not reflect all processes required to be performed during the duration of this contract. Final scoring will be determined on these presentations only.

I. Revenue Cycle Management

RCM 1.1 Transport / ePCR Import and Verification Reporting

Demonstration Objective: The vendor will demonstrate the process of Electronic Patient Care Report (ePCR) Import upload and Verification Reporting. (*Indicate length of time this process will take)*

- Extract Received
- Daily confirmation report
  - File name
  - Status
  - Errors
  - Warnings
  - Resubmitted
  - New

SAMPLE:

1 Files Submitted, 0 Errors, 0 Warnings

File	Status	Errors	Warnings	Resubmitted	New
NEMSIS34EMSDataSet_44716.xml	Processed	0	0	0	212

Preconditions:	Participants:
It can be assumed that the following processes have occurred: • The "nightly extract file" from the City of Jacksonville has been received.	For the purpose of this demo the Participants / Roles have been identified as follows. • DocuMed • COJ • Vendor

Expected Outcome:
COJ's Patient Care Reporting (PCR) System will transmit a nightly batch of reports to the Vendor that are ready for the billing process to begin. Vendor will receive the extract file and create a nightly confirmation report that will be sent back to COJ that includes the above information.

RCM 1.2 New Billing Daily Detail Confirmation Report

Demonstration Objective: The Vendor will demonstrate the process for creating "New Billing's Daily" and provide a sample of the final report. (*Indicate length of time this process will take*)

- Report to Include
  - Import Date

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

- Billing Vendor's assigned account number
- COJ's CCR number
- Total Current Charges
- Mileage
- LOS
- Patient Name
- Date of Service

SAMPLE:

Import Date	Account Number	CCR #	Total Current Charges	Mileage	Level Of Service	Patient Name	Date of Service
01/03/2020	56023497	FR-00010759-2020-01-26	$655.00	1.8	ALS1	Duck, Donald	12/30/2019
01/03/2020	56023498	FR-00010786-2020-01-26	$655.00	1.1	ALS1	Doe, John	01/01/2020
01/03/2020	56023499	FR-00013730-2020-02-02	$655.00	2.2	ALS1	Duck, Daffy	12/31/2019
01/03/2020	56023500	FR-00014660-2020-02-05	$850.00	10.4	ALS2	Mouse, Mickey	01/01/2020

Preconditions:	Participants:
It can be assumed that the following processes have occurred: • The "nightly extract file" from the City of Jacksonville has been received, and errors resolved.	For the purpose of this demo the Participants / Roles have been identified as follows. • Vendor

Expected Outcome:
Vendor will create a daily "New Charges" report that will list the above required data fields to be sent to the EMS Billing Manager. ***In addition, Vendor will be required to submit charges, adjustments, and payments, to be imported daily to the accounting team (Sample of each required import are listed at the end of the Script Requirements. These do not need to be demonstrated, however, will be a requirement of the contract).***

RCM 1.3 — Demographic's and Insurance Verification

Demonstration Objective: Vendor will demonstrate process(es) used to verify accuracy of patient demographics and Insurance information. (*Indicate length of time this process will take*)

- Hospital Interface(s)
  - List local Hospitals already interfaced with, if applicable.
- Database warehouse(s)
  - List databases used to verify insurance information

Preconditions:	Participants:
It can be assumed that the following processes have occurred: • The Vendor has created an ePCR file for the transport being billed.	For the purpose of this demo the Participants / Roles have been identified as follows. • Vendor

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

	Expected Outcome: Vendor will verify and identify any missing demographic and insurance information relating to ePCR and update files accordingly.	
RCM 1.4	ePCR Documentation Analysis	

	Vendor will demonstrate process(es) for ePCR Documentation Analysis and provide examples of how data is reviewed and corrected.
	• Review conducted
	• Missing / Incorrect information identified and updated
	  ○ Incomplete chart information
	  ▪ Pick up Location
	  ▪ Destination Location
	  ▪ Mileage
	  ▪ Signatures
	• Medical Chart incomplete
	  ○ Chief complaint
	  ○ Vital signs
	  ▪ Intervention(s) performed
	  ▪ Medication(s) administered
	  ○ Assessment(s)
	  ○ OPQRST
	  ○ Pain Level when pain present	

	Preconditions:	Participants
	It can be assumed that the following processes have occurred: • Complete integration of the chart has taken place.	For the purpose of this demo the Participants / Roles have been identified as follows: • DocuMed • COJ • Vendor
	Expected Outcome: Vendor will review the ePCR and flag any and all missing chart elements and update as needed prior to coding.	
RCM 1.5	Coding	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how coding is completed, and how issues are resolved (*Indicate length of time this process will take, and the level of training/certifications of coding staff*). • Identification of missing / incomplete information • Process for obtaining missing / incomplete information • Elements for Coding ○ Assign appropriate HCPCS and ICD-10 codes	
	Preconditions:	Participants:

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

	It can be assumed that the following processes have occurred: • Medical chart has been reviewed and deficiencies corrected prior to coding	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ (if applicable)
	Expected Outcome: Vendor will demonstrate proficient ability to accurately code medical charts for billing purposes.	
RCM 1.6	Front-End Edits	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how Front-End (Bill scrubber edits) edits are reviewed and corrected prior to Clearinghouse submission. (*Indicate length of time this process will take*). • Correct coding (HCPCS and ICD-10 codes) • Correct modifiers	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Medical chart documentation is accurate and complete	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ (if applicable)
	Expected Outcome: Vendor will demonstrate process(s) in place to identify chart coding and billing deficiencies prior to Clearinghouse submission.	
RCM 1.7	Invoice Creation / Patient Statements	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how invoices are created, including patient statements (*Indicate length of time this process will take*). • 1500 forms • ANSI 835 transmission • Patient Statements ○ Patient Privacy Notices (PPN)	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Medical chart documentation is accurate and complete	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor
	Expected Outcome: Vendor will demonstrate end-product of invoice creation. Including; ANSI 835, 1500, Patient Statement(s) cycle and PPN.	

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

RCM 1.8	Not Medically Necessary	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how accounts are identified as not meeting Medical Necessity and notifying City of Jacksonville of such (*Indicate length of time this process will take*). • Does not meet Medical Necessity • Reporting to COJ account status	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Medical chart documentation does not support Medical Necessity	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor
	Expected Outcome: Vendor will demonstrate how claims are flagged for not meeting Medical Necessity and steps taken to either resolve or/and notify the City of Jacksonville.	
II.	CLEARINGHOUSE	
CH 2.1	Transmission Verification Reporting	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how tracking of Clearinghouse submission(s) is verified. <u>** ALL processes in this section include secondary and tertiary insurance submission where applicable.</u> (*Indicate length of time this process will take*). • Rejection Reports • Successful Submission Reports	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Medical chart has been transmitted in a batching process to the clearinghouse	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • Clearinghouse
	Expected Outcome: • Vendor will demonstrate process(s) in place to verify that the billing batch has been received and accepted with no errors.	
CH 2.2	Claims Monitoring	

	Demonstration Objective: Vendor will demonstrate process(es) relating to how tracking of Claims is monitored. (*Indicate length of time these processes will take*).
	
	• Payment
	  ○ EOB's
	  ○ ACH Remittance Advice
	• Denial / Rejections
	• No response	

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Claims have been successfully received by Clearinghouse.	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • Clearinghouse
	Expected Outcome: Payments will be identified and sent to posting department, Denials will be identified and sent to AR follow up department, Rejections will be sent to AR follow up department. No response claims will be resubmitted.	
III.	**Accounts Receivables Management**	
ARM 3.1	Payment Posting	

	Demonstration Objective: Vendor will demonstrate process(es) relating to how Payment posting is completed, as well as identifying unknown payments, identifying overpayments and resolving issues related to these processes. (*Indicate length of time these processes will take*).
	
	• Payment Posting
	  o Insurance
	  o Patient
	• Unknown Payments
	  o Resolution
	• Overpayments
	  o Refund Process	

	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Claims have been processed by the Clearinghouse.	For the purpose of this demo the Participants / Roles have been identified as follows: • Clearinghouse • Vendor
	Expected Outcome: Payments will be posted to the appropriate invoice; overpayments will be identified, and refund process has begun within 60 days. Unknow payments are identified or returned (as appropriate).	
ARM 3.2	Short-Pay Claims reprocessed	
	Demonstration Objective: Vendor will identify all/any payment that falls short of appropriate payment amount. (*Indicate length of time these processes will take*) • Short-Pay claims identified • Refiled • Appeal	

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Payments have been received and posted to correct invoice.	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor
	Expected Outcome: Vendor will identify when a claim has not been paid in full and will refill/appeal short-pay amount(s) as necessary, and in a timely manner.	
ARM 3.3	Denied Claim Appeals	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how Denied claims are processed. (*Indicate length of time this process will take*). • Appeal Claims ○ All Levels	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Claim has been denied	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor
	Expected Outcome: Vendor will identify all denied claims and will appeal as appropriate. If clam was incorrectly billed, Vendor will seek alternative payment options.	
ARM 3.4	Adjustments	

	Demonstration Objective: Vendor will demonstrate process(es) relating to how Statutory Adjustments are processed. (*Indicate length of time this process will take*).
	
	• Post Statutory Adjustments – process for notifying City of Jacksonville
	  ○ Medicare
	  ○ Medicaid
	  ○ HMO
	  ○ Jail Transports	

	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Claim Statutorily requires an adjustment	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor
	Expected Outcome: Vendor will identify all claims that require Statutory Adjustments, post the adjustment, and notify City of Jacksonville of adjustment on a regular basis.	

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

ARM 3.5	Charity Write-Off Requests	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how Charity Write-Off Requests are processed. (*Indicate length of time this process will take*). o Charity Write-off Requests: process for notifying City of Jacksonville	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Patient has requested a Charity Write-off adjustment	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcome: Vendor will notify the City of Jacksonville of a Charity Write-off request from a patient. Following the Charity Write-off guidelines, and documentation requirements, Vendor will submit all paperwork for approval to the City of Jacksonville.	
ARM 3.6	Payment Plan Monitoring	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how the Payment Plan monitoring process is managed. (*Indicate length of time this process will take*). • Payment Plan Monitoring o Statement Cycle o Missed Payments o Bad Debt Recommendation	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Patient has requested Payment Plan • Payments may be received on time • Payments may not have been received on time.	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcome: Vendor will set up and monitor payment plan agreements in accordance with City of Jacksonville requirements. If/when a payment is missed, Vendor will advise patient they are in default of the agreement and further actions may be taken including recommendation to send account to a Collection Agency.	
ARM 3.7	Bad Debt Recommendations	
	Demonstration Objective: Vendor will demonstrate process(es) relating to how the unpaid claims are identified, with timelines, and are flagged in order to send to the City of Jacksonville's Collection Agency. (*Indicate length of time this process will take*).	

	• Identify unpaid claims ready for Collection Agency • Transfer process for sending claims to Collection Agency	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Unpaid claims identified	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcomes: Unpaid claims are identified and reviewed for alternative payment options. When no other options are identified and pursued, prepare claim(s) to be sent to the Collection Agency.	
ARM 3.8	Miscellaneous Accounts Receivable Follow Up	

	Demonstration Objective: Vendor will demonstrate how the following categories are address and processed (*Indicate length of time this process will take*).
	
	• Self-Pay accounts
	• Doe accounts
	• Bad Address
	  o International Addresses
	  o Homeless	

	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Unpaid claims identified	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcomes: Unpaid claims are identified and reviewed for alternative payment options. When no other options are identified and pursued, prepare claim(s) to be sent to the Collection Agency.	
IV.	REPORTING	
REP 1.	Reporting	
	• Demonstration Objective: Vendor will demonstrate how the following reports are produced/requested and sent to the City of Jacksonville (*Indicate length of time this process will take*). • Ad Hoc Reporting • Month-End closing reports • Year-End Financials • Financial Class Utilization o Medicare, Medicaid, Commercial Ins, Self-Pay	

	▪ HMO • Financial Class Collection Ratio's o Medicare, Medicaid, Commercial Ins, Self-Pay ▪ HMO *** Any data required for Federal/State Reporting Programs *** (IE. FL. PEMT, CMS Ground Ambulance Survey) • LOS Utilization • Claims Denial Analysis • Refunds • Charges, Adjustments, Write offs	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Revenue Cycle Processing	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcome: Vendor can demonstrate the ease of requesting financial data for required reporting operations in a timely manner, that is easy to understand.	
V.	MISCELLANEOUS	
MISC 1.	Audits	
	Demonstration Objective: Vendor will demonstrate how Audits are completed and results sent to the City of Jacksonville (*Indicate length of time this process will take*). • External Insurance Audits • Internal Compliance Audits • Chart Audit Trail Audits • Security Audits • LEIE Audits • Data Breaches	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Revenue Cycle Processing	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcome: Vendor can demonstrate checks and balances in place to mitigate Risk exposure.	
MISC 1.2	Patient Portal	

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

	Demonstration Objective: Vendor will demonstrate patients access to a Patient Portal in order to update insurance, or, link to the City of Jacksonville's website to make payments on-line. • Patient Portal • On-Line payment process	
	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Patients insurance information is missing or inaccurate • Patient is responsible for payment	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor
	Expected Outcome: Vendor can demonstrate the ease of submitting insurance information and/or linking to COJ's website to make a payment and is easy to understand.	
MISC 1.3	Customer Service	

	Demonstration Objective: Vendor will demonstrate / discuss patients access to a Patient Advocate (to be located on site at the City of Jacksonville Headquarters.
	
	• Patient Advocate
	  ○ Hours
	  ○ Backup 800 number for Customer Service	

	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Patients insurance information is missing or inaccurate • Patient is responsible for payment and wants a payment plan • Patient has a question that needs to be addressed speaking to a Representative	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcome: Vendor can demonstrate the ease of connecting to a representative of the City of Jacksonville Fire Rescue Department (Vendor) in order to resolve any issues relating to the patient's EMS transport service.	
MISC 1.4	System Integration Experience	
	Demonstration Objective: Vendor will demonstrate / discuss previous system integrations, specifically Oracle, and DocuMed. IF the Vendor does not have experience with these Vendor Systems, please discuss other integrations and the approach(es).	

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

	• Demonstrate / Explain what constitutes a good system integration
	• Demonstrate / Explain process(es) for overcoming integration obstacles.
	• Give examples of both a successful / difficult integration
	  o Discuss lessons learned
	  o Discuss any challenges that could not be overcome.	

	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Vendor has experience with large organization implementations	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcome: Vendor can demonstrate the ease of implementations with other large local government entities and can overcome obstacles through open communication between Vendor and client.	
VI.	Implementation (On-Boarding)	
IMP 1.	On-Boarding	

	Demonstration Objective: Vendor will demonstrate On-Boarding; process, timelines, operational guarantees, and implementation training.
	
	• Process
	  o System Test files
	  • DocuMed – ePro
	  • Oracle
	• Milestone timelines
	  o Credentialing
	• Operational guarantees
	  o On-boarding complete by June 30th, 2020
	• COJ staff training
	• Communication process (with timelines)	

	Preconditions:	Participants:
	It can be assumed that the following processes have occurred: • Assume contract has been awarded	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ
	Expected Outcome: Vendor can demonstrate the ease of On-Boarding the City of Jacksonville and meeting June 30th 2020, cut-over date.	
IMP 1.2	Misc. Vendor Strengths	
	Demonstration Objective: Vendor will have 10 Minutes to demonstration / discuss any portions of the system that exemplifies the Vendor's strengths in providing services to the City of Jacksonville over other Vendors providing like services.	

DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

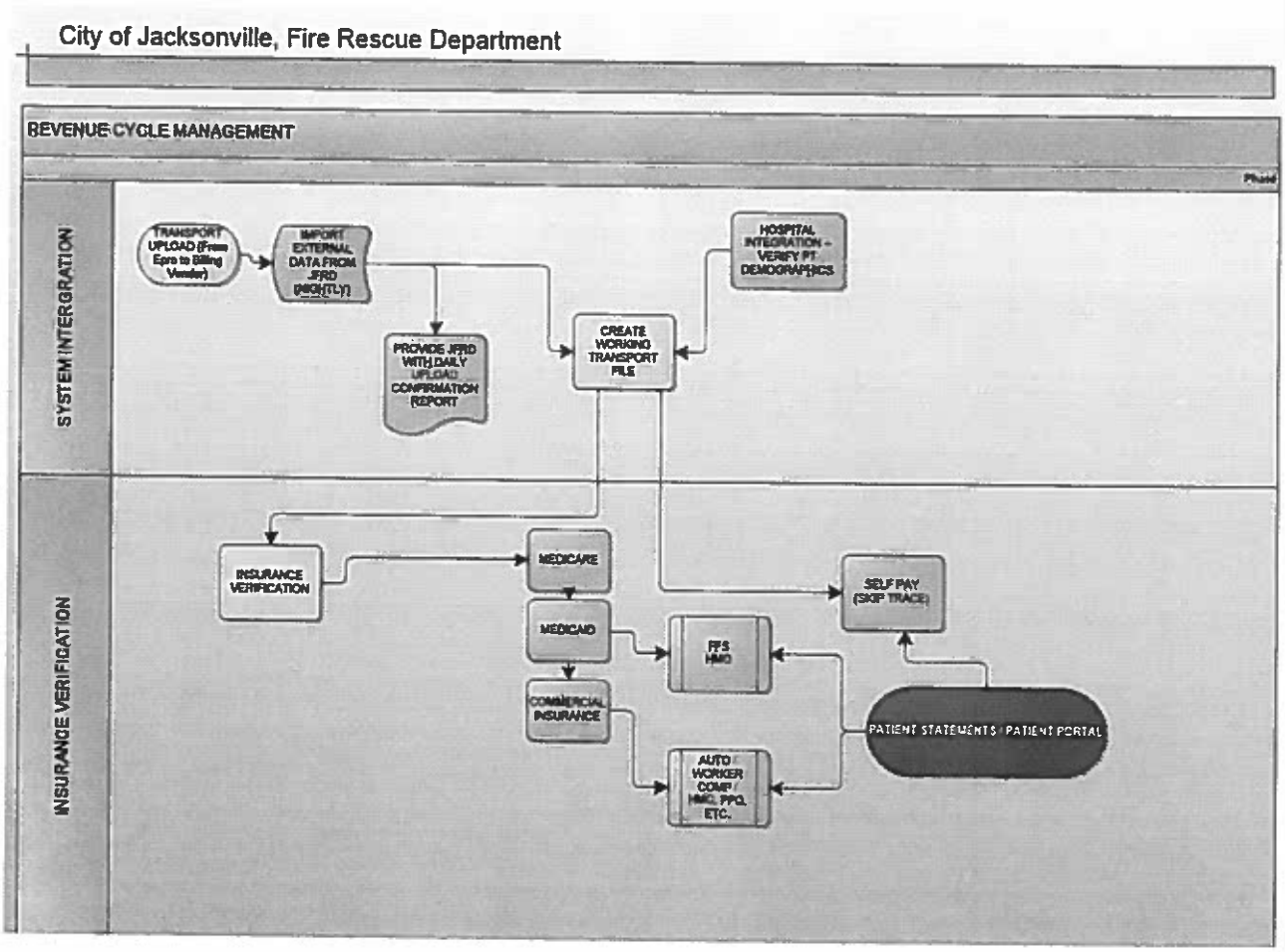
- Company Strengths

Preconditions:	Participants:
It can be assumed that the following processes have occurred: • Assume contract has been awarded	For the purpose of this demo the Participants / Roles have been identified as follows: • Vendor • COJ

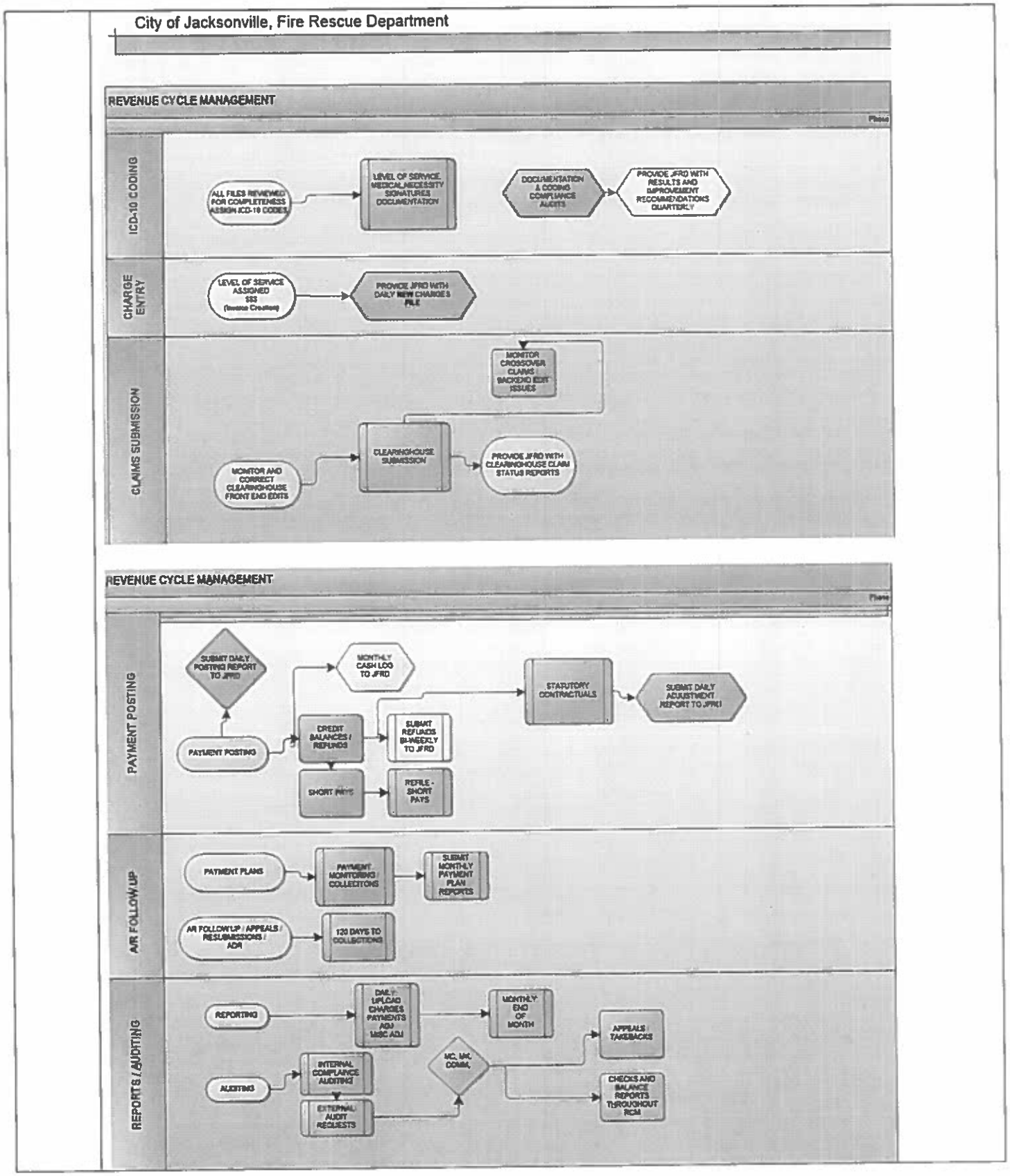
Expected Outcome:

Without naming other Vendors, explain your strengths that set you apart for other Vendors.

PROCESS FLOW DIAGRAMS



DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES



DEMO SCRIPTS – RSC-0351-20: EMS BILLING SERVICES

SAMPLE IMPORT FILES (Required for this contract).

COJ_AST_AR_CashReceiptTemplate.xlsx

COJ_AST_CONV_AR_Adjustment_Import.xl

COJ_AST_CONV_AR_InvoiceImport_Single

7

~~SUB~~JECT: AMBULANCE BILLING SERVICES (REBID)

BID #: ESC-0317-21

OPEN DATE: 2021-02-24

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: SERVICE CONTRACT

AGENCY: FIRE/RESCUE

BASIS OF AWARD: EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 12 **NUMBER RECEIVED:** 3 **OTHER:** 2

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

On February 24, 2021, the City of Jacksonville, Procurement Division received three (3) responses for subject bid.

The Evaluation Committee has completed their review and recommends approval to move forward with On-site Demonstrations/ Oral Interviews with the three (3) top scoring/qualifying vendors as listed below. The ranking of first, second, and third designates the order of qualification of these firms.

1. Digitech Computer, Inc.
2. EMS Management & Consultants, Inc.
3. Change Healthcare Technology Enabled Services, LLC

ATTACHMENTS: Recommendation Memo, Scoring Sheet, Tabulation, Evaluation Matrix

ANALYST: O Wallace-Cohen
OLIVE WALLACE-COHEN

RESPECTFULLY SUBMITTED:
GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: Keith Powers, Fire Chief

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5 MEMBERS DISAPPROVING 0 DATE: 3/25/2021

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE 3/26/21

APPROVED ✓ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

Brian Hughes
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No: 2019-02