ISSUING DEPARTMENT INPUT DOCUMENT CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New OTR Sole Source Bid Waiver	Emergency Previous Contract/ BW10006-0/21	Project No.
Re-Bid Other – Access of Other Entity Contract	LIVING WAGE APPLIES: YES	□ _{NO}
Requisition No./Project No.: RFP-01651	TERM OF CONTRACT 5 YEAR(S) WITH	
-		
Requisition / Project Title: Medicare Cost Reporting and M	dicaid Reimbursement Consulting Service	S
Description: Please see attached scope		
Issuing Department: Fire Rescue Contact Pers	Scott Mendelsberg Phone:	786.331.5121
Estimate Cost: 1.5 million	GENERAL FEDERAL	OTHER
Funding Sou	rce:	
<u>ANALYSIS</u>		
Commodity Codes: 94610		
Contract/Project History of previous purchases three (3) years Check here if this is a new contract/purchase with no previous history.		
Check here if this is a new cont EXISTING	ract/purchase with no previous history. 2 ND YEAR	3 RD YEAR
Contractor:	<u> </u>	<u> </u>
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Miami-Dade County, FL Contract No. TBD

Medicare Cost Reporting and Medicaid Reimbursement Consulting Services SCOPE OF SERVICES

1. Introduction/Background

Miami-Dade County, hereinafter referred to as the County, as represented by the Miami-Dade Fire Rescue (MDFR) Department, is contracting for consulting services for assistance in participating in the Medicare Ground Ambulance Data Collection System to collect information on cost, utilization, revenue, and other service characteristics in accordance with the Medicare Ground Ambulance Data Collection Instrument for a continuous 12 month period. The County is also requires consulting services to complete annual State of Florida cost reimbursement forms for the Medicaid Fee for Service supplemental payment program and to continue the Intergovernmental Transfer program for Managed Care patients. The goal is maximizing supplemental reimbursement while reducing audit risk and maintaining compliance with everchanging state and federal policies.

2. Services to be Provided

The Contractor shall provide the following services:

A. Project Management

- 1. Review MDFR materials, data and all required cost reports to ensure compliance with all state and federal reporting guidelines.
- 2. Keep MDFR informed of imminent changes related to all Medicaid and Medicare cost reporting policies.
- Starting in 2021, Ground Ambulance Providers and Suppliers must submit Medicare cost reports. The Contractor shall provide MDFR updates on this program, highlighting reporting requirements, as they come available. When selected to report, the Contractor shall provide Medicare cost reporting services and audit assistance to meet reporting requirements.

B. Medicare Cost Surveys

- Conduct preliminary preparedness study to ensure all required cost survey data is being captured by MDFR. Provide recommendations, help implement processes for collecting any missing information.
- 2. Complete the Medicare cost survey on client's behalf which will include preparation and audit of the Medicare cost survey and all necessary supporting documentation. This also will include CMS submission of final report and supporting documentation.
- 3. Collect all data necessary from client to complete the cost survey

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- 4. Provide detailed data analysis on expenditures assessment, unallowable costs adjustments, and utilization statistics verification
- 5. Complete the cost survey develop submission package on behalf of MDFR
- 6. Provide all necessary federal audit support
- 7. Provide full access to web-based portal and training resources.

C. <u>Medicaid Managed Care Program Continuity</u>

- 1. Support MDFR in continuing the legal and fiscal requirements to participate in the Managed Care program and ensure compliance with managed care reporting requirements.
- 2. Monitor claims and cash flows of Managed Care program to ensure MDFR receives appropriate benefit from the program and has met documentation needs.
- 3. Assist with the reconciliation of payments against actual payments and transports. Specific steps included in this would be as follows:
- a) Review MCO patient data reports to compare actual supplemental payments to the final model used by the state Agency for Health Care Administration.
- Using the completed models, the Contractor shall provide a detailed projection so that MDFR can understand and evaluate the full fiscal impact of supplemental payment options;
- 4. The Contractor shall review the MCO model annually and recommend any adjustments to AHCA on behalf of MDFR based on interim payments and annual reconciliation.

D. Medicaid Fee for Service PEMT Cost Report

- 1. The Contractor will 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, draft letters and provide supporting documentation to meet Medicaid requirements and expedite settlement.
- 30 days prior to State submission deadline, the Contractor will review, and provide feedback to MDFR, on the annual MDFR Emergency Medical Transportation Integrated Disclosure and Medicaid Cost Report. The contractor will identify areas of concern and suggest modifications as necessary to comply with reporting

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- requirements. The contractor will meet with the MDFR team to discuss all feedback and develop a plan to finalize the cost report.
- 3. The contractor will complete a consolidated supporting documentation file to accompany the cost report submission.
- 4. Following submission of the report, the contractor will provide audit support during all state and federal desk reviews and audits.
- 5. The contractor will have a web-based system to input all PEMT data

3. Additional Services

If services are required which are related to, but not included in the Scope of Services for the Medicare Cost Reporting and Medicaid Reimbursement Consulting Services, the County may request the Contractor to provide additional Services. The County reserves the right to award additional similar services for, and updates to, the previously awarded Scope of Work. The County may use either Supplemental Agreement or the Work Order Proposal Request (WOPR) process to request additional services under this contract. All additional services must be preapproved in writing by the Project Manager (Assistant Director, MDFR Department).

Minimum Qualifications

- Contractor must have at least four years of experience providing PEMT cost reporting services in the state of Florida, and provide a web-based system for PEMT cost reporting and Medicare cost survey that can be utilized for inputting data
- 2. Contractor must have experience with designing and administering EMS Medicaid Fee For Service and Managed Care reimbursement programs in Florida or another state
- 3. At least three staff on project team
- 4. Contractor must have experience with the ET3 application and knowledge of the ET3 program