

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

☐ New ☐ OTR ☐ Sole Source ☐ Bid Waiver ☐ Emergency Previous Contract/Project No. CBW600-0/15
☒ Contract ☒ Re-Bid ☐ Other LIVING WAGE APPLIES: ☐ YES ☒ NO
 Requisition No./Project No.: RFP00567 TERM OF CONTRACT 5 YEAR(S) WITH 5 YEAR(S) OTR

Requisition /Project Title: Emergency Medical Services (EMS) Billing

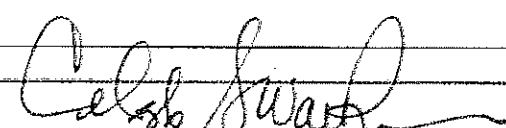
Description: Billing and Collecting funds for emergency medical services.

Issuing Department: MDFR Contact Person: Maria Reyes Phone: 786-331-5253
 Estimate Cost: \$15,000,000
 Funding Source: GENERAL FEDERAL OTHER

ANALYSIS

Commodity Codes:	946-10	990-37	948-74	918-78	208-10
Contract/Project History of previous purchases three (3) years Check here <input type="checkbox"/> if this is a new contract/purchase with no previous history.					
	<u>EXISTING</u>	<u>2ND YEAR</u>	<u>3RD YEAR</u>		
Contractor:	Advanced Data Processing				
Small Business Enterprise:	N/A				
Contract Value:	\$12,000,000				
Comments:	Please return to Celeste Walker.				
Continued on another page (s): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

RECOMMENDATIONS

	Set-aside	Sub-contractor goal	Bid preference	Selection factor
SBE				
Basis of recommendation:				
Signed: 			Date sent to SBD: <u>05/03/2017</u>	
			Date returned to DPM:	

2.0 SCOPE OF SERVICES

2.1 Background

Miami-Dade County, hereinafter referred to as the "County", as represented by the Miami-Dade Fire Rescue Department, hereinafter referred to as the "MDFR", is soliciting proposals to establish a contract for the purpose of billing and collecting funds for emergency medical services from approximately 80,000 billable patients transported annually by MDFR emergency medical from approximately personnel to the local area hospitals.

The Contractor will also be required to maintain real-time interfaces between the Contractor's billing system and Miami-Dade County's on-line payment gateway, as well as SafetyPad Enterprise (Open Inc.), currently Miami-Dade Fire Rescue's electronic Patient Care Report (ePCR) system vendor and reconcile these daily. Each transport is billed according current County billing rates which are detailed in Section 2.0 "Scope of Services". The Contractor shall provide an Average Dollar Collection of all billed amount in one year. The solicited proposal is expected to maximize emergency medical transport bill collection.

Patient billing is performed through different payer categories (Financial Classes), such as; Self-pay accounts, Medicaid, Medicare, and Private Insurance. Emergency medical services currently provided by MDFR include: Advanced Life Support (ALS) and Basic Life Support (BLS) and. The current transport fees and related fees for each service are as follows. These fees are subject to change upon approval by the Board of County Commissioners.

MIAMI-DADE FIRE RESCUE DEPARTMENT Emergency Medical Services Rate Schedule	
Transport/Service	Fee
Basic Life Support (BLS) (A0429)	\$800.00
Advanced Life Support 1 (ALS1) (A0427)	\$800.00
Advanced Life Support 2 (ALS2) (A0433)	\$900.00
Specialty Care Transport (A0434)	\$900.00
Ground Mileage (per transport mile or fraction thereof) (A0425)	\$15.00
Oxygen (per tank or fraction thereof)	\$30.00
IV/IO Solutions	\$25.00
Cardiac Monitoring	\$25.00
Cervical Collar	\$25.00
Backboard	\$25.00

2.2 Qualification Requirements

The qualification requirements for this Solicitation is:

a) Proposer shall have at least five years of experience in Ambulance Transport Billing and Collections with at least five years in government accounts billing and collections and provide evidence of such experience. Provide a list of at least five clients serviced since the inception of the HIPAA act of 1996.

b) Proposer shall be an organization that is compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Proof of this minimum requirement must be confirmed by providing a statement and or certificate from the Proposer.

c) Proposer shall have the ability to maintain real-time (no less than half-hour intervals) interfaces between the Proposer's billing system and Miami-Dade County's on-line payment gateway, as well as SafetyPad Enterprise (Open Inc.), currently Miami-Dade Fire Rescue's electronic Patient Care Report (ePCR) system vendor and have the ability to reconcile these transmissions daily through an electronic reconciliation between the Proposer's system and SafetyPadEnterprise (Open Inc).

d) Proposer will agree to a scheduled site visit by the Selection Committee of the Proposer's primary business operations center where the majority of contracted services will be performed. Provide a statement of such approval.

e) Proposer shall be able to report all assigned debts on behalf of Miami-Dade County to a minimum of three national available credit history reporting databases: Equifax, Experian and TransUnion at no additional cost to the County. Proof of this minimum requirement must be confirmed by a copy of a statement to include a transmittal number and contact information.

f) Proposer shall have dedicated EMS only Billing Compliance Officer with a national certification in Health Care Compliance by the Health Care Compliance Association. Provide resume and credentials of qualified personnel.

g) Proposer must provide verification that the company and each of its' relevant employees have not been excluded from participation in State or Federal Healthcare Programs.

2.3 General Requirements and Responsibilities

Contractor will be required provide complete medical billing and accounts receivable management services for County's emergency medical services billing in accordance with Contractor's responsibilities outlined below.

1. The Contractor will provide timely and accurate billing services utilizing information provided by the County and information obtained from other reliable sources.
2. Contractor will adhere to all applicable Federal, State and Local regulations, laws, and codes pertaining to emergency services billing and collections while performing as the County's emergency medical services billing and collections organization.
3. Contractor shall provide Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy practices and other applicable regulatory requirements to all transported patients in invoice mailings.
4. Contractor shall serve as an industry advocate on behalf of the County and MDFR, actively participating in national and state initiatives, legislation, industry groups, etc. that impact ambulance reimbursement.
5. Contractor shall comply with all applicable Federal, State and local laws as they apply to the services being provided, such as, but not limited to, the Federal Debt Collection Practices Law. This further includes all requirements to maintain confidentiality for all medical and patient information as related to HIPAA, Payment Card Industry (PCI) standards, insurance and local laws or rules and regulations.
6. Contractor shall provide a Business Associate Agreement (BAA) compliant with HIPAA and PCI requirements. Contractors agrees to incorporate any changes in HIPAA and PCI effective after award of the Contract into the BAA.

7. The BAA must cover any other business associate that the Contractor uses to process HIPAA protected data. Proof of Business Associate agreement will be required for the contract award.
8. Contractor shall participate in a yearly audit conducted by MDFR consistent with Generally Accepted Accounting Principles (GAAP). This audit will cover the common set of accounting principles, standards and procedures used to compile annual financial statements.
9. Contractor shall maintain accounts receivable management with full managerial reporting system. Maintain all books of accounts in accordance with the GAAP standards and other applicable laws.
10. Contractor will provide, on a monthly basis, a copy of all monthly financial activity, billing, and receivable reports, consistent with GAAP to MDFR.
11. Contractor shall make all related records available and assist the County in the instance the County wishes to audit activities associated with this Agreement.

2.4 Functional Requirements

1. Contractor will integrate MDFR's SafetyPad devices and/or other electronic data collection devices to ensure that the Contractor's system electronically receives incident information collected through MDFR SafetyPads (Open Inc.) and ability to integrate with any other electronic data collection devices. *At minimum daily, Contractor will provide a reconciliation between Contractor billing system and SafetyPad Enterprise (Open Inc.) of number of MDFR ePCR transport reports transmitted.*
2. Contractor will be required to maintain real-time interfaces between the Contractor's billing system and Miami-Dade County's on-line payment gateway to ensure that the payment gateway reflects the most current patient account information when payments are being recorded and to ensure that payments remitted through the County's payment gateway are updated to the Contractor's electronic patient account record.
3. Contractor will receive multiple times during the day, a csv file containing patient payment data through the SFTP (Secure File Transfer Protocol) transmission from the Miami-Dade County Information Technology Department (ITD) to be used to update a patient's account for any payment made through the Miami-Dade County's on-line payment gateway. This will be accomplished by sending it to the Contractor's SFTP server. Key generation and interchange is required. This protocol assumes that it is over a secured channel, that the server has already authenticated the client, and that the identity of the client user is available to the protocol.
4. On a daily basis, Contractor will send multiple times during the day, via an SFTP transmission, patient account information such as the account number (accounts that have unpaid balances) and Incident number to update the account information reflected on Miami-Dade County's on-line payment gateway. Appropriate system controls should be in place to ensure the accuracy of data transmission and posting.
5. Contractor shall provide system flexibility to allow the queuing of accounts based on type, such as Auto Carrier, etc.
6. Contractor shall have the ability to integrate with SafetyPAD Enterprise (Open Inc.) and/or other electronic data collection devices requirements including, but not limited to:
 - i. Capture of the NEMSIS clinical data set into the billing platform.
 - ii. Capture of both transport and first responder records into the billing platform.

- iii. Capture of the actual patient, patient representative, facility, and crew signatures in the billing platform.
 - iv. Automated billing-extract and file transmission to the billing application.
7. Contractor shall utilize a system that suggests coding data elements (levels of service, ICD-10, emergency, and medical necessity) to the coder for review and confirmation.
 8. Contractor will work with MDFR to bill fractional mileage to governmental payers per federal regulations and provide flexible system options for the billing of fractional or rounded up mileage for non- governmental payers.
 9. Contractor shall provide ability to set mileage outliers at the client level in the system that will identify bill processors of possible mileage data capture mistakes.
 10. Contractor shall have the ability to integrate with any commercial available tool (e.g; - MapQuest) for the correct capture of mileage when needed.
 11. Contractor shall have the ability integrate with any commercial available tool (e.g; - MapQuest) upon import of all medical records for verification of patient city, state, and zip, as well as USPS standardization.
 12. Contractor invoicing and reporting systems shall be automated to fulfill scheduled and on-demand reporting needs of MDFR. Details of Contractor's reporting system must be provided with the proposal.
 13. Contractor shall provide Electronic Claims Processing for Medicare, Medicaid and larger commercial payers.
 14. Contractor shall receive a daily electronic report batch containing patient data and billing information through a File Transfer Protocol (FTP) transmission from Miami-Dade Fire Rescue to a secure Contractor website. If the electronic Batch submission is selected, the vendor shall accept the electronic Reports in TIFF format. Field data provided by Miami-Dade Fire Rescue Department via electronic transfer shall have an agreed upon encryption scheme to protect that data from casual interception and inspection by unauthorized person(s). In the event that a daily electronic report batch containing patient data and billing information through a File Transfer Protocol (FTP) transmission from Miami-Dade Fire Rescue to a secure Contractor website fails and subsequent retransmission is not feasible Contractor shall pick-up the paper batch reports at mutually agreed times from the Miami-Dade Fire Rescue Central Records Bureau.
 15. Contractor shall provide a secure electronic portal, such as HTTPs or FTPs, to exchange collections related information.

2.5 Performance/Service Levels

1. Contractor shall assess service levels prior to billing and classify services into levels that meet Medicare and Medicaid transport criteria. These service levels may, in a limited number of cases, differ from what is indicated on internal documents based upon interpretation and must be brought to Miami-Dade Fire Rescue's attention to determine if changes may be necessary. The awarded Contractor shall assume all responsibility for Medicaid and/or Medicare audits.
2. Contractor will use reasonable business efforts to ensure accuracy of all claims prior to submission. In the event a claim is denied, Contractor's analyst may take any/all of the following actions:
 - i. obtain additional information and re-file the claim.
 - ii. contact payers via telephone to determine appropriate course of resolution.

- iii. follow a formal appeals process with appropriate payer.
 - iv. request assistance from the Reimbursement Department of the appropriate payer.
 - v. reclassify account as patient's responsibility and bill as a self-pay.
3. Contractor will handle each claim will be individually. If a claim has not been paid, denied, or rejected, Contractor will review each account following the guidelines listed below.
 - a. Medicare-14 days after filing.
 - b. Medicaid-14 days after filing.
 - c. Third party/Commercial Insurance: 14-45 days after
 4. Contractor will advise the County of any changes necessary by virtue of statutory requirements at least 30 days in advance of the effective date.
 5. Contractor shall maintain automated systems necessary for providing services to MDFR, including accounts receivable. Contractor will be responsible for all systems analysis and software design, software modification, customization, software maintenance, and system upgrade as needed.
 6. Contractor must file a clean claim within 48 hours of receipt of all necessary claim filing information.
 7. Contractor will electronically file as many third party payees as possible.

2.6 Customer Service

1. Contractor shall be responsible for pursuing appeals of denials, partial denials and rejections, when deemed appropriate by County.

Contractor shall conduct appropriate follow-up required to obtain the necessary insurance information and demographic information to process invoices for payment. Contractor will provide procedures documenting their process.
2. Contractor shall establish a toll free telephone number for billing inquiries. Contractor shall provide an adequate number of Customer Service Representatives (CSR's), during MDFR normal business hours to ensure that callers via the toll free telephone number have a wait time of no more than 60 seconds at any time of day. CSR's must be able to read, write and speak fluently in English, Spanish, and Creole. These CSR's shall be able to assist patients and/or other third party payees in all billing inquiries in a timely fashion. The toll free telephone number and business hours must appear on all invoices.
3. Contractor shall provide timely and effective response to payer's complaint, denial or request for additional information.
4. Return envelopes provided by the Contractor shall be addressed as designated by MDFR.
5. Contractor shall mail all invoices, forms, and citizen surveys at its own expense.
6. Contractor shall advise and assist transported patients regarding insurance and other third party payer benefits. Mail copies of reports to Medicare, Medicaid, insurance companies, or third party payers, when requested to obtain payment, with proper confidentiality.
7. Contractor shall provide web-site access to patients to provide and gather insurance information.

8. Contractor shall mail proper insurance forms or electronically process forms to third party payers as required or requested by the patient. Either method shall include information on how and where to remit payments to MDFR Department.
9. Contractor shall promptly respond to all written or verbal patient complaints, requests and inquiries within three business days. This communication needs to be in a format that can be tracked by both Contractor and County upon request.
10. Contractor shall maintain a working relationship/arrangement with all of MDFR serviced hospitals and request that hospitals provide a copy of patient fact sheets, or be provided with demographic and insurance information as well as patient outcome information, including primary diagnoses code.
11. Contractor shall include in patient invoice and/or statement mailing a citizen satisfaction survey provided by MDFR and a return, self-addressed and postage paid envelope, which will be provided by Miami-Dade Fire Rescue Department. Said survey is expected to be no more than one page in length and of a size not to exceed 8 1/2 by 11 inches.
12. Contractor shall provide training to Miami-Dade Fire Rescue personnel regarding the gathering of necessary information and proper completion of Rescue Patient Records.
13. Contractor shall designate a dedicated contract coordinator for MDFR who will be available to MDFR at all times and respond to inquiries promptly, but no later than 24 hours after an inquiry is made. Coordinator will be knowledgeable and responsible for all Contract related activities for MDFR.
14. Contractor shall provide real time, 24 hour, seven days a week, 365 days a year web access for designated MDFR resources to patient billing accounts, and images of documents received, including explanations of benefits (EOBs), checks, patient mail, insurance correspondence, etc.
15. Contractor shall provide all necessary copying, faxing, mailing, calling, and other related services to fulfill the requirements of this solicitation.
16. Contractor shall maintain records of current fees, industry approved billing codes and description files. Contractor will maintain up-to-date knowledge of laws applicable to emergency medical services billing and collections from patients for the transports and maintain knowledge of nationwide and local trends in transport fee schedule.
17. Contractor shall provide company and EMS billing industry updates via variety of mediums, including but not limited to: weekly status meetings, bi-monthly newsletters, periodic webinars, and an annual client meeting.
18. Contractor will provide professional assistance to the County in evaluating billing policies and fee schedules from time to time. Provide professional assistance to the County via performance reviews, policy discussions, updates on industry trends, fee schedule recommendations, collection opportunity discussions, etc. at a minimum on a quarterly basis.
19. Contractor shall provide feedback to the County on opportunities to improve documentation, revenue, collection, and compliance.

2.7 Billing and Collection Requirements

1. Contractor will perform all billing functions performed within the territorial United States.

2. Contractor shall be responsible for the timely invoicing, collecting, and generating any and all insurance forms and filings, record maintenance and preparing standard and/or custom reports, as requested, or required by MDFR.
3. Contractor shall invoice patients, or other responsible third party, at the current prevailing rate on the approved fee schedule for payment of services rendered.
4. Contractor shall have the ability to automatically capture all itemized charges.
5. Prior to invoicing for patient transport, Contractor will:
 - a. ensure the patient transport has been properly coded and priced with medical necessity determination, thus, resulting in the maximum allowable reimbursement for all services provided by MDFR.
 - b. ensure all patient transports billed to Medicaid and Medicare are medically necessary and comply with the respective Medicaid and Medicare reimbursement requirements.
 - c. create clean claims resulting in fee recovery in the fastest possible manner.
 - d. place insurance carriers as the primary guarantor and patients as the secondary.
 - e. ensure proper signature collections on ePCR reports as required by law.
6. If no insurance information is available for a patient, Contractor will bill the patient on a timely basis, but no later than 30 days after the patient transport date.

Contractor shall create solutions to obtain a valid patient signature for purposes of filing a claim to Medicare when a signature is missing. Contractor will provide procedures documenting their process.

7. Contractor will make reasonable business efforts to locate and correct any incorrect billing address for billable patients.
8. Contractor will accommodate flexible patient billing cycles to produce maximum collections, including monthly payment arrangements. After initial billing, Contractor may attempt to contact the patient via phone if there has been no activity on the account. Contractor will follow a "soft" collection approach that focuses primarily on obtaining additional insurance information and providing a gentle reminder of the patient's obligation to pay the account. Contractor is encouraged to offer various online payment methods (credit card, check) to patients.
9. Contractor will be responsible for any payment denied by a third party/commercial insurance payer for failure to bill on a timely basis. The full amount of the patient's transport bill will be deducted from the Contractor's payment. The related patient account will be written off.
10. Contractor will share proportionality (based on compensation to the Contractor for accounts audits) on an account billed by the Contractor with the County in any sanction or other cost assessment imposed by a regulatory agency as a result of a Medicare or Medicaid compliance audit.
11. Contractor will negotiate and arrange modified payment schedules for those individuals who cannot pay the full amount at the time of initial billing.
12. Contractor will provide the required Request for Hardship Write-off procedures provide by MDFR to those individuals requesting a write-off and notate the patient account accordingly.
13. Contractor shall submit recommend settlements and partial, or complete write offs where appropriate, and submit documentation to include the MDFR requirements. All settlements will be made in compliance with

applicable County policies and procedures. Contractor must obtain written consent of the County prior to negotiating a final settlement, or, before otherwise compromising any account.

14. Contractor shall transfer any accounts back to the County upon demand, at no cost. The County will be diligent in its review of any accounts transferred back to determine if the account is truly uncollectible, or, if non-collection is based upon insufficient efforts on the part of the Contractor.
15. Contractor shall accept the hard copy or electronic information pertaining to patients' payment or billing documentation from the County for all patients transported by Miami- Dade Fire Rescue Department.
16. Contractor shall post all payments directly to a designated Lockbox as the payments are received but no later than 24 hours after receipt. MDFR will provide the lockbox service. Contractor will maintain an accurate record of customer payments posted from lockbox collections.
17. Contractor shall provide automated payment posting for Medicare, Medicaid, and the larger commercial payers.
18. Contractor will design a transport fee invoice and submit to MDFR for approval.
19. Contractor will design a transport fee statement which lists all invoices for a unique account and submit to MDFR for approval.
20. Contractor will provide all invoices and related insurance forms with remittance advice. Invoices for services rendered shall contain the following information:
 - Account number - Contractor will establish a unique account number per patient
 - Invoice number and date – sequential invoice number, which can be associated with patient unique account number
 - Name of transported patient
 - Name of responsible party, if different from patient
 - Complete patient address
 - Date of transport
 - Cost of transport including itemized breakdown for each component of transport cost
 - Incident number ("Run" number provided by MDFR)
 - Transport "From" and Transport "To" (if applicable)
 - Insurance coverage and instructions (if applicable)
 - Billing inquiry telephone number
 - Note referencing Miami-Dade County's web portal gateway for payment of transport fees
 - "...all checks be made payable to the Board of County Commissioners - Miami-Dade Fire Rescue Department"
 - "...this is an invoice for services provided by Miami-Dade Fire Rescue". {Contractor shall provide sample}
21. Contractor shall be responsible for sending first notice to the customers within fourteen (14) days of record receipt, a second notice thirty (30) days from sending the first, and the third at thirty (30) days from sending the second and a fourth at thirty (30) days from sending the third notice.
22. If Patient has multiple invoices Contractor shall be responsible for sending first notice to the customers within fourteen (14) days of record receipt and incorporating this invoice into a statement detailing invoice

numbers and transport dates at thirty (30) days, a second statement at sixty (60) days, and a third statement at ninety (90) days, and monthly statements thereafter until account balance is paid or transferred to Miami-Dade County's Credit and Collection Department.

23. Contractor shall file all insurance claim forms for patients electronically, or through other communication means, based on information received from the patient, or obtained by other means. Such as; research done at health care facilities or other appropriate research available to the Contractor to obtain billing information. Perform automatic (wherever applicable) filing of secondary insurance, reject billing, balance billing, and completing and submitting insurance of third party payer forms where necessary.
24. Contractor shall limit the use of confidential records of care, or treatment of patients solely for the purpose of processing and collecting claims and shall not release any such information in any legal action, business dispute, or competitive bidding process other than disputes with the County over billing services.
25. Contractor shall submit all invoices and related insurance forms at a monthly scheduled time with remittance advice to MDFR staff.
26. Contractor will review all accounts receivable monthly no later than the 30th of each month. Accounts deemed non-collectible, inactive, and self-paid will be turned over by Contractor to the County at twelve (12) months, if not before, for further collection efforts. Returned mail deemed non-collectible will be turned over immediately to the County for further action. Accounts deemed active or self- paid will not be turned over at twelve months; Contractor will continue to collect on behalf of the County for these accounts. The County, at its sole discretion, may leave selected accounts with the Contractor for a longer period of time.
27. Contractor will reconcile collections with monthly billings no later than the 30th of each month and produce required reports to MDFR.
28. Contractor shall analyze credit balance overpayments, process refund requests, provision of refund requests, and report to the County.
29. Contractor shall record contraindication codes to assist with medical necessity determination on all accounts.

2.8 Reporting

The Contractor will maintain a computerized database of all accounts and will provide the County with management and financial information reports. The Contractor at a minimum will provide all reports provided to MDFR by the current Contractor. MDFR will provide samples of all current reports to the Contractor. The format of reports required under this contract will be determined by MDFR. Contractor will provide all custom reports at the request of MDFR in a reasonable time at no cost. All text, format, and color of printing is subject to approval by MDFR. Contractor shall submit the following reports electronically no later than the fifth day of the following month, or upon request, in Microsoft Excel or Word format as requested by MDFR:

1. Monthly Management Summary Report –

This monthly report serves as a reconciliation or presents a summary of account activity for a month. It includes a summary of the billing activity (as detailed in a report below) as well as the collection activity posted to patient accounts (as detailed in a report below) for the month less and any adjustments to collections such as refunds and accounts adjustments (as detailed in a report below).

2. Billing Activity Summary Report-

This monthly report list all transports billed by Financial Class, as well as by type, i.e. ALS1, ALS2, BLS, etc., including any voided or non-billable accounts for the month and year-to-date.

3. Collection Activity Summary Report –

This monthly report list all transport collections by Financial Class including any unidentified payments for the month and year-to-date.

4. Report of Transports Billed

This monthly report will list all billings by Financial Class for a month. The report shall be sorted by Financial Class and have subtotals for each Financial Class within the report. The report will identify patient account, Fire incident number, invoice transaction ID, number date of transport, patient name, incident date, invoice date, level of service, Financial Class billed and invoice transaction amount.

5. Report of Transports Billed and Received

The report will reconcile transport data sent to the Contractor with transports billed. A grand total of billed and not billed for the month of transport must also be computed. The report shall identify date of transport, date received from MDFR, date billed, Fire incident number, patient number, patient name, complete patient address, incident date, invoice date, number of transports billed, procedures billed, dollars billed, the number of transports not billed, and the dollar value of accounts not billed. Additionally, the report must summarize the monthly billing activity as follows:

6. Summary Report of Collections/Deposits

This weekly report, which will be updated through the end of each month, will list collections for each day of the month, including number of transactions lock box collections posted, credit card payments posted through the Payment Gateway to patient accounts, electronic transfers received from third party payers, etc. as well as any payments returned for Non-Sufficient Funds (NSF) and payments received at the LockBox for Credit and Collections or payments that could not be identified with a patient account. The report should be updated weekly for each day of the month through grand total of all monthly payments.

7. Lock Box Detail Report of Collections

This weekly report, which will be updated through the end of each month, will verify and reconcile lock box batch deposit activity by day with collection posting activity. The report should identify the patient number, patient name, patient complete address, payment amount, type, batch #, batch total, and date and provide a subtotal for each day as well as grand total of all monthly payments.

8. Report of Payments deposited in LockBox that could not be identified a Patient Transport Account

This weekly report, which will be updated through the end of each month, will list all deposits that could not be identified to a patient account. The detailed report will list payee name, date received, amount of check, check number, date, etc.

9. Report of Payments deposited in LockBox that were transferred to Credit and Collection

This weekly report, which will be updated through the end of each month, will list all deposits that were transferred to credit and collection to be posted to written off accounts. The detailed report will list patient name, account number, financial class payor, payee name, date received, amount of check, check number, date, etc.

10. Detail Report of Adjustments and Write-offs by Financial Class

This monthly report will list all adjustments by Financial Class for a month. The report shall be sorted by Financial Class and have subtotals for each Financial Class within the report. The report will identify patient account, Fire incident number, invoice transaction ID, number date of transport, patient name, incident date, invoice date, Financial Class adjustment billed and adjustment transaction amount.

11. Detail Report of New Charges Billed

This monthly report lists by invoice and or account number Incident Charge ID, Fire incident number, date of service, date billed, level of service, primary insurance type, primary insurance name, each itemized charge under each invoice

12. Insurance Activity Report

This report will show the portion of actual collections and the accounts receivable, detailed by self, Medicaid, Medicare, and private insurance, by type of transport (ALS and BLS). A combined grand total for each column will be provided.

13. Monthly Collection Summary Report

This report will list monthly payments in item (6) above by original transport month, incident month and amount collected in the month.

14. Total Billings by Incident Month Report

This report will list cumulative number of gross billings for each incident (transport) month by type of transport (ALS and BLS). A combined grand total for each column will be provided.

15. Accounts Receivable Aged Trail Balance Report

This report is intended to be a summary report which depicts the account receivable balance by age category (Current, 30 days, 60 days, etc) as well as the Percentage of Accounts Receivable in each aging category as of each month.

16. Accounts Receivable by Level of Service Report

This report will show the amount owed by all transported patients for each level of service, including the number of accounts, gross charges, adjustments, net charges, receipts, write-off, and balance for each level of service by aging category as well as the gross and net collection percentage for each and the Average Dollar Collection for each.

17. Accounts Receivable by Financial Class Report

This report will show the amount owed by all transported patients by Financial Class, including the number of accounts, gross charges, adjustments, net charges, receipts, write-off, and balance for each Financial Class by aging category as well as the gross and net collection percentage for each and the Average Dollar Collection for each.

18. Accounts Receivable by Patient Report

This report will show the amount owed by all transported patients by patient last name at the end of the month and will include: gross billing since inception, payments since inception, Fire approved adjustments and write-offs since inception, Medicaid and Medicare adjustments, and ending balance of accounts receivable, by type of transport (ALS and BLS). A combined grand total for each column will be provided.

18. Accounts Receivable by Aging Category Report

This report will show the detail for each invoice amount owed by all transported patients by aging category. The total for each category should agree with the summary provided in Report 15 above of Aged Trail Balance

19. Report of Accounts Receivable greater than or equal \$2,500 per Patient Account and 90 or more days Past Due

This report lists all accounts and related invoices under each account meeting the report criteria and identifies any account transferred to County's credit and Collection area but not authorized as a Hardship Write-off.

20. Report of Transports Billed and Collected by Transport Type

This report lists by month number of accounts and corresponding invoices billed and number of number of accounts and corresponding collections and percentage collected based on date of service regardless of billed or collection date by transport type. This report will be updated monthly for the life of the Contract.

21. Report of Transports Billed and Collected by Financial Class

This report lists by month number of accounts and corresponding invoices billed and number of number of accounts and corresponding collections and percentage collected based on date of service regardless of billed or collection date by financial class. This report will be updated monthly for the life of the Contract.

22. Report of Accounts Transferred to Credit and Collections

This report lists all accounts and related invoices under each account meeting transferred to County's credit and Collection area but not authorized as a Hardship Write-off. MDFR will work with the Contractor to identify the best solution to identify a flag within the Contractor's system until the account is written-off by the County.

23. Payment Percentages Report

This report will show the percentage of patients who have made a payment by type of Transport, by transport month and year, and includes: total patients transported in month under each type of transport, total amount due, number not making a payment, number making partial payment and amount of payment, total patients making full payment and amount of payment, total amount due, total amount billed, total amount paid, and percentage paid.

24. Credit Balance Report

This report will list all accounts having a credit balance at the end of the month. This report would show: patient number, patient's name, incident date, amount billed, amount paid by payer, and credit balance amount.

25. Refund Listing Report

This report will list accounts requiring a refund due to overpayment and must show: patient number, patient name, patient address, incident date, amount originally billed, total amount paid on account detailed by date, amount and related lockbox batch number, related on-line payment gateway transaction number, refund amount, and payer due refund. Two copies of detailed supporting documentation is required for each duplicate payment to be refunded. MDFR will work with the Contractor to identify the best solution for this requirement.

26. Number of Days between Incident Date and Billing Date Report

This report will list all incidents billed during the month, and the number of days between the incident date and the first billing date. The report would show: patient number, patient's name, incident date, first billing date, and number of days between incident and billing date sorted by rescue unit number. Also shows subtotals for each unit and average number of days between incident and billing. Report may also include date report received.

27. Collection Summary Inception to Date by Month Report

This report will list total charges by transport month without write-offs or reductions, total payments to date, gross collection rate, amount paid to Contractor based upon collections by billing month, and gross effective collection rate.

28. Class Listing Report

This report will lists accounts with mail returns, deceased patients, accounts in bankruptcy cases, probate cases, insurance responsibility and self pay accounts.

29. Unbilled Patient Transports Not Medically Necessary

This report to lists all ePCR transports not billed due to lack of medical necessity. Report includes MDFR Incident number, date of transport, total charge, patient name, as well as reason for not medically necessary.

30. Unbilled Patient Transports Medically Necessary

This report lists all ePCR transports unbilled which were medical necessity as well as reflect the reason not billing to date, the number of days the transport has been unbilled, MDR Incident number, date of transport, total charge, and patient name.

31. Report of Transports by Rescue Unit

This report will track bills by type, by unit, as well as collections by type of insurance.

32. Detailed Report of Fees Charged by Type of Service Report

This will include type of transport, associated fees billed, type of insurance billed, amount collected as compared to items billed.

33. Patient Outcome Report

MDR shall work with the Contractor to transfer Patient outcome information electronically to the County on a daily basis. MDR will work with the vendor to identify the best solution for this requirement. The vendor shall supply the following information:

1. Incident Number
2. Incident Date
3. Report ID (Case Number)
4. Patient Outcome

34. Number of ALS

Number of ALS billings with amount billed, including details for mileage, oxygen and all other billable services. Number of BLS billings with amount billed, number of mileage and amount billed, including details for mileage, and all other billable services. The report will also include other transport categories, such as number of billings and amount billed. This report must summarize the number of billings and amounts by type of transport, and item billed, such as number of miles billed, dollar value of miles billed, number of oxygen billings and all other billable services.

35. Other statistical and management reports

Additional reports may be requested by the County as needed. The Contractor will provide all requested reports in a reasonable time.

The Contractor shall provide

- a) Access to MDR's information on 24 hours a day, 7 days a week via the internet and secured servers.
- b) Provide ability to create ad-hoc reports via an easy-to-use interface.
- c) Provide ability to export to various formats, including excel and adobe formats.
- d) Provide the ability to schedule both running and distribution of reports.
- e) Provide training for County employees on usage of the online reporting tools.

36. Contractor shall provide standard monthly management reports and such other informational reports as reasonably required by the County.

37. Contractor shall provide MDR ability to print on-demand patient statements via online access to patient accounts.

2.9 Records Management

1. Contractor will maintain all Miami-Dade County Patient Care Report (PCR) and payment records for the duration of the Contract. Copies of specific documents will be provided to the County upon request. All records are considered Miami-Dade County property and will be returned upon completion or termination of the contract, unless destroyed with prior approval from the County in accordance with all applicable laws
2. Contractor shall provide multiple dedicated EMS billing operation centers throughout the country to support disaster recovery and business continuity.
3. Contractor shall provide daily replication of data between collocation centers
4. All patient data collected by the Contractor, provided by MDFR, will be the property of MDFR and shall be returned to the Department upon the expiration of the contract.
5. Contractor shall state where patient data will be stored (locally, or out of state) and in what format/media.
6. Contractor shall maintain all documentation, records and patient information in a safe and secure manner that will allow inspection and audit by the MDFR or its agents upon reasonable and proper notification.
7. Contractor will maintain all books, records, data, and other relevant documentation in accordance with the Federal and State retention requirements.
8. Contractor shall maintain electronic records for all billing related services and maintain proper physical and virtual security of all medical records as required by HIPAA and other applicable laws.
9. In the event daily electronic report batch containing patient data and billing information through a File Transfer Protocol (FTP) transmission fails Contractor shall state whether they:
 1. Entered any billing/coding data on the green copies?
 2. Used the green copies for audits.
 3. How long after billing do they refer to the green copies?
 4. How/where are the green copies stored?

2.10 Optional Services

The County may elect to add additional services to the Contract. These services may include:

- EMS Billing for Air Transports
- Key Punch / Data Entry
- Ambulance Subscription Program
- Electronic Billing
- ePCR reporting software
- Or other projects as needed, to seek optimal performance in emergency medical transport billing and collection.