



PURCHASING DEPARTMENT

140 STONEWALL AVENUE WEST, STE 101 FAYETTEVILLE, GEORGIA 30214

PHONE: 770-305-5420 www.fayettecountyga.gov

To: Steve Rapson

From: Ted L. Burgess

Date: October 26, 2017

Subject: RFP #1324-P: EMS Billing Services

The county has traditionally used the services of a third-party provider to process payments from citizens who use emergency medical services. The current provider is Ambulance Medical Billing Service / Medical Accounts Receivable Systems (AMB/MARS) of Credit Bureau Systems. The current payment rate to AMB/MARS for this service is \$14.00 per bill.

With evolution of industry practices, it is now common for providers to accept payment based on a percent of collections, rather than a flat fee per bill. Indications were that the county might be able to obtain a better value if we changed to the increasingly common percent-of-collections method.

The Purchasing Department issued Request for Proposals (RFP) #1324-P. The Department emailed notices to 24 firms. Invitations were extended via the Fayette News, the county website, Georgia Local Government Access Marketplace (www.glga.org), Channel 23, and the Greater Georgia Black Chamber of Commerce. An additional 474 vendors were notified through the Internet-based Georgia Procurement Registry, using Commodity Codes 94610 (Accounting & Billing Services) and 94633 (Collection Services, Financial Debt).

Nine companies submitted proposals. An Evaluation Team reviewed, evaluated, and scored the proposals, following criteria spelled out in the Request for Proposals. The highest-scoring proposal was Ambulance Medical Billing (Attachment 1).

Looking at the most recent full year of available data (Calendar Year 2016), the proposed contract can be expected to result in cost savings, as follows:

Billable Runs	Contracted Fee	Billed & Collected	Payments to Contractor
5,568	\$14.00 flat fee	\$1,473,738.24	\$77,952.00 Actual
5,568	3.5% of collections	1,473,738.24	<u>51,580.84</u> Assumed
			\$26,371.16 Savings

The Fire / EMS Department recommends Ambulance Medical Billing for the contract. They are satisfied with previous work done by the company, as indicated on their Contractor Performance Evaluation (Attachment 2).

Specifics of the proposed contract are as follows:

Contract Name 1324-P: EMS Billing Services Vendor Ambulance Medical Billing

Contract Term Initial 3-year term, with maximum two 12-month renewals

Fees 3.5% of net collections

Budget:

Fund 272 Emergency Medical Services
Org. 27230600 Emergency Medical Services

Object 521316 Technical Services

Project N/A

Available Amount \$69,314.75 FY 2018 Balance (Annual budget = \$81,425)

PROPOSAL #1324-P EMS BILLING SERVICES **EVALUATION SCORING SHEET**

Summary

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	Max	911 Billing Svcs &	ADP, Inc. (Intermix)	Ambulance Medical Billing	Ambulance Reim-	Digitech	EMS Mgt	Fire	Life Line Bldg Sys,	PST
	Points	Consultant, Inc.	Option B Without Lockbox	Option 1 3 Year Contract	ment Sys, Inc	Compu- ter, Inc.	& Consultants	Kecovery EMS	LLC dba LifeQuest Services	Services,
EMS Billing Experience, Expertise, Processes	50	38.3	42.3	47.0	27.3	39.3	40.3	36.0	38.0	36.7
2 Firm's Background	20	13.7	17.0	18.7	15.3	17.7	16.7	15.3	15.3	15.0
3 Schedule	20	0.6	15.7	20.0	16.0	14.3	14.3	14.7	16.0	10.7
4 Quality of Written Proposal	10	6.3	7.7	8.7	6.3	8.7	7.7	6.3	7.3	8.0
Total Technical Score	100	67.3	82.7	94.3	65.0	80.0	79.0	72.3	7.97	70.3
Weighted Technical Score	20%	47.1	57.9	0.99	45.5	9.99	55.3	9.09	53.7	49.2

Price: % of Received Funds NET or ALL Collections		5.90% Net	3.52% Net	3.50% Net	7.00% All	6.75% Net	4.00% Net	9.00% All	6.00% Net	5.35% Net
Total Score	30%	47.13 9.43 56.56	57.87 29.83 87.70	66.03 30.00 96.03	$\frac{45.50}{0.00}$ 45.50	56.00 2.14 58.14	25.30 25.71 81.01	50.63 0.00 50.63	53.67 8.57 62.24	49.23 14.14 63.38

NOTES:

Ambulance Reimbursement Systems, Inc. inserted their own Terms and Conditions. The RFP stated the initial term of the contract will be three years.

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FAYETTE COUNTY, GEORGIA CONTRACTOR PERFORMANCE EVALUATION

- 1. Use this form to record contractor performance for any contract of \$50,000 or above.
- The person who serves as project manager or account manager is the designated party to complete the evaluation.
 This form is to be completed and forwarded to the Purchasing Department not later than 30 days after completion or expiration of a contract. Past performance is considered on future contracts.

VENDOR INFORMATION	COMPLETE ALL A	PPLICA	3LE IN	FORM	ATION	
Company Name: MARS / AMB	Contract Number:					
Mailing Address: 100 Fulton Ct	Contract Description or Title:					
City, St, Zip Code: Paducah KY, 42001	Contract Term (Dates) From:	To:				
Phone Number:270-519-0689	Task Order Number:					
Cell Number:	Other Reference: Proposal 1	324-P				
E-Mail Address:roverstreet@marsbilling.com						
	DEFINITIONS					
OUTSTANDING – Vendor considerably exceeded products/services; The vendor demonstrated the highest	t level of quality workmanship/pro	ofessionalis	m in exec	cution of	contract.	
EXCELLENT (Exc) - Vendor exceeded minimum contra	ictual requirements or performan	ce expectati	ons of th	e produc	ts/service	es.
SATISFACTORY (Sat) - Vendor met minimum contract	ual requirements or performance	expectation	s of the p	products/	services.	-6 41
UNSATISFACTORY (UnSat) - Vendor did not meet products and/or services; Performed below minimum re	the minimum contractual require quirements	ements or p	oerforma	nce expe	ectations	of the
EVALUATIONS (Place ")	(" in appropriate box fo	r each c	riterio	n.)	r 	
Criteria (includes change orders	/ amendments)	Out- standing	Exc	Sat	Un- Sat	Not Apply
Work or other deliverables performed on schedule				X	·	
2. Condition of delivered products			X			
3. Quality of work				X		
Adherence to specifications or scope of work			Х			-
5. Timely, appropriate, & satisfactory problem or complaint resolution				X		<u> </u>
6. Timeliness and accuracy of invoicing				X		
7. Working relationship / interfacing with county staff and citizens				X		
8. Service Call (On-Call) response time			- 7	X		
Adherence to contract budget and schedule			X	!		
10. Other (specify):				V		
11. Overall evaluation of contractor performa	nce			X		<u> </u>
/	EVALUATED BY					
Signature:	Date of Evaluation: 10		<u> </u>	 		
Print Name: Steven Folden	Department/Division: F		<u> </u>			
Title: Division Chief	Telephone No: 770-30	5-5173				

Form Updated 11/16/2016