

To Vendors for Request for Proposal for EMS Billing and Revenue Recovery Services:

The following questions were received from vendors. In order to keep everyone informed, here are the questions and answers:

1. Please reconfirm the due date for this procurement by providing it in response to answers to questions. **The sealed proposals are due no later than 3:00pm on May 3, 2022.**
2. What is the date by which you will answer these questions? **The answers will be provided to all vendors of the solicitation on 4/20/2022**
3. Why has this bid been released at this time? **A County-wide agency is being created to have primary response territory, as well as aid with gaps in coverage area. The County is operating a new agency rather than a volunteer agency operating it. With the County operating the agency, billing is necessary. See page 5 of the RFP under Project Overview. This explains the project and the phasing plan.**
4. Can you please provide greater explanation of your expectations related to any required subcontracting to minority-owned, women-owned, or other types or categories of small or disadvantaged businesses? For example, what is required with the proposal, and what is required to comply during the term of the contract? **Please refer to Attachment 3, General Terms and Conditions, item 7 and Attachment 2, Special Terms and Conditions, item 12. These items discuss subcontracting. There are no other specific instructions to minority-owned, women-owned, or other types of categories of small or disadvantaged business.**
5. Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories? **Offerors are to submit a proposal according to the instructions to Offeror: Proposal Submittal, Questions, and Awards in section III on pages 6 through 10 of the RFP. Attachment 1, Scope of Services states on page 11, note: Alternative methods of service delivery agreed upon by the County, if any, shall be detailed in the resulting Contract. Otherwise, all mandatory provisions of this Scope of Services shall govern service delivery and performance by the Contractor. Attachment 4, Proposal Questionnaire must be completed. In Attachment 4, question #3 under Project Understanding & Methodology, states that if Offeror proposes to use procedures or methods of service delivery and pricing that would result in more cost effective or otherwise advantageous provision of services than those set out in the Solicitation's Scope of Services, describe and identify those alternatives. The County may consider such alternatives in the process of review of proposals and Contract negotiations.**
6. Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable. **Not applicable. No billing service currently, this is a new service.**
7. Has the current contract gone full term? **Not applicable.**
8. Have all options to extend the current contract been exercised? **Not applicable.**
9. Who is the incumbent, and how long has the incumbent been providing the requested services? **Not applicable.**
10. To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award? **The evaluation criteria is on page 8, item L of the RFP. These are the criteria that will be evaluated. Location is not one of the criteria.**
11. How are fees currently being billed by any incumbent(s), by category, and at what rates? **Not applicable. New service.**

12. What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)? **Not applicable.**
13. To how many vendors are you seeking to award a contract? **The County is looking to award to one vendor.**
14. What is the total dollar value of accounts available for placement now by category, including any backlog? **Not applicable.**
15. What is the total number of accounts available for placement now by category, including any backlog? **Not applicable.**
16. What is the average balance of accounts by category? **Not applicable.**
17. What billing servicer do you utilize? **Not applicable.**
18. Have all cases been fully adjudicated by the time of placement? **Not applicable.**
19. If applicable, will accounts held by any incumbent(s) or any backlog be moved to any new vendor(s) as a one-time placement at contract start up? **Not applicable, new service.**
20. What is your case management/accounting software system of record? **Not applicable.**
21. Who is your electronic payment/credit card processing vendor? **Not applicable.**
22. What process should a vendor follow, or which individual(s) should a vendor contact, to discuss budget-neutral services outside of the scope of this procurement, but related to it, designed to recover more debt prior to outside placement and lower collection costs? **For procurement related questions, the vendor should contact the Director of Budget & Finance, Tammy Sturgill.**
23. How do your current processes and/or vendor relationship(s) systematically determine if the death of a responsible party has occurred? **Not applicable. New service.**
24. How do your current processes and/or vendor relationship(s) handle the death of a responsible party? **Not applicable, new service.**
25. Do you have a designated process or policies around deceased accounts today, and what is envisioned in the future? **No current policies in place. Policies will be established once vendor is under contract.**
26. Do you currently search and file probated estate claims? Have you considered an automated tool to identify and file probated estate claims? **Not applicable. New service.**
27. What were your annual gross charges last year or for the last 12 months? **Not applicable**
28. What were your annual total adjustments for last year or for the last 12 months? **Not applicable.**
29. What were your annual contractual allowance write offs for last year or for the last 12 months? **Not applicable.**
30. What were your annual gross collections last year or for the last 12 months? **Not applicable.**
31. What were your annual billable transports last year or for the last 12 months? **Not applicable.**
32. What are your per-mile ground transport charges? **Not applicable.**
33. What are your advanced life support charges? **Not applicable.**
34. What are your advanced life support emergency level 1 charges? **Not applicable**
35. What are your advanced life support emergency level 2 charges? **Not applicable**
36. What are your basic life support charges? **Not applicable.**
37. What are your basic life support emergency charges? **Not applicable.**
38. What are your specialty care transport charges? **Not applicable.**
39. What are your treatment without transport charges? **Not applicable.**
40. What is your average per-trip charge? **Not applicable.**
41. When were the last changes to your transport rates, and are you considering raising any of the rates currently charged? **Not applicable.**
42. Are there any other charges you assess not otherwise covered by our questions? **Not applicable.**
43. What percentage of your patients are residents versus non-residents, and do you charge the two groups differently? **Not applicable.**

44. Do you operate any shared services agreements with any other municipal or county governments in the region and, if so, with whom? **No**
45. What were your transports per year for life support for last year or for the last 12 months? **Not applicable.**
46. What were your transports per year for advanced life support emergency level 1 for last year or for the last 12 months? **Not applicable.**
47. What were your transports per year for advanced life support emergency level 2 for last year or for the last 12 months? **Not applicable.**
48. What were your transports per year for basic life support for last year or for the last 12 months? **Not applicable.**
49. What were your transports per year for basic life support emergency for last year or for the last 12 months? **Not applicable.**
50. What were your transports per year for specialty care transport for last year or for the last 12 months? **Not applicable.**
51. What were your transports per year for treatment without transport for last year or for the last 12 months? **Not applicable.**
52. What is your payer mix expressed as percentages of 100% billed? **Not applicable.**
53. What is your payer remit mix expressed as percentages of 100% of what you typically receive? **Not applicable.**
54. How many total transport vehicles do you now operate? **Currently 1, new service.**
55. What is your average loaded miles per trip? **Not applicable.**
56. What is your average revenue per call? **Not applicable.**
57. Do you have a lockbox provider and, if so, which provider? **No.**
58. If you have a lockbox provider, will that provider remain in place as a result of this procurement? **Not applicable.**
59. Do you have an EPCR provider and, if so, which provider? **ESO**
60. Do you have a collection agency provider and, if so, which provider? **No.**
61. Which local hospitals or care facilities typically receive most of your patients? **Johnston Memorial Hospital, Bristol Regional Medical Center**
62. Please let us know whether you have received this email, and when and how answers will be provided. **We received your email. The questions from all vendors and answers from County staff will be provided to all vendors of the solicitation electronically and posted on County website and eVA (State) website.**
63. Please provide the estimated number of ambulance transports for each Phase in the County's Phasing Plan on Page 6 of the RFP. **First year would be approximately 100-150 at the current plan. Early acquisition of another agency would bump it up by approximately 300 calls. Unable to provide further details, as it will depend on the acquisition of the agencies at the time to provide accurate projections.**
64. Please provide the estimated number of ambulances in service for each Phase in the County's Phasing Plan on Page 6 of the RFP. **This varies due to manpower. Currently there are 7 to cover the entire county if they are staffed.**
65. What is the estimated start date for ambulance service? **June 1st**
66. Does the service plan on utilizing the State ESO ePCR system? **Yes**
67. Could you please provide some clarification in the Project overview on page 5 of RFP?
  - a. Is the goal of this service to have primary response for the entire County, or have its own primary response area within the County? **Initially, primary response for a portion of the County.**

- b. Will the other 6 EMS agencies continue to operate (if they choose to?) **If they meet the response parameters, however some are struggling.**
  - c. Please list the 6 other agencies. **Valley Rescue Squad, Washington County Life Saving Crew, Damascus Rescue Squad, Richardson Ambulance Service, Washington County Fire Rescue and Goodson Kinderhook Fire Department.**
  - d. Will the County agency be performing non-emergency transports in addition to 911 emergency transports? **No**
68. What were your total billable runs for FY 21? **There were 100 calls that could have been billed but they were not.**
69. What is your ALS and BLS charges per transport? **Not applicable**
70. What is your per-mile ground transport charges? **Not applicable**
71. What is your current ePCR software? **ESO**
72. Will the vendor be financially responsible for the cost of your ePCR software and hardware? If so, please provide all specifications. **Vendor responsible for anything above what Virginia OEMS supplies as standard package.**
73. Can you confirm the gross charges for FY 21? **Not applicable**
74. Can you confirm the gross collections for FY 21? **Not applicable**
75. Who is the current incumbent? **Not applicable. New service.**
76. What is the current fee being charged by the incumbent? **Not applicable. New service.**
77. What estimated dollars were paid last year to any incumbent? **Not applicable. New service.**
78. What were your annual contractual allowance write offs for the last year? **Not applicable. New service.**
79. What is your payer mix expressed as percentages of 100% billed? (Medicare, Medicaid, Insurance, Self-pay, other) **Unknown, new service.**
80. Do you accept credit card payments? Who is responsible for any credit card fees? **Attachment 1, Scope of Services, section 7 states during contract negotiations a mutually agreeable method will be established and will be incorporated in the resulting contract for receiving and posting payments. Provide information in the proposal on how you propose the use of credit cards and who would be responsible for the credit card fees.**
81. Are you currently using a lockbox? **No** Who is responsible for the cost of the lockbox? **Attachment 1, Scope of Services, section 7 states during contract negotiations a mutually agreeable method will be established and will be incorporated in the resulting contract for receiving and posting payments. Provide information in the proposal on how you propose the use of the lockbox and who would be responsible for the cost of lockbox.**