



# MANATEE COUNTY

May 25, 2011

**TO: ALL INTERESTED PROPOSERS**

**REFERENCE: REQUEST FOR PROPOSAL #11-2136-DW**  
**Professional Third Party Administration of Medical Billing Services for Indigent Care**

## **ADDENDUM No. 1**

**Proposers are hereby notified that this Addendum shall be acknowledged by them within their proposal and shall be made a part of the above named Proposal and Contract Documents.**

The following items are issued to add to, modify, and clarify the Proposal and/or Contract Documents. These items shall have the same force and effect as the original Proposal and /or Contract Documents. Proposals are to be submitted on the specified date and shall conform to the additions and revisions listed herein.

1. **Question:** Please provide the name of the entity currently processing the claims for Manatee County?  
**Answer:** Manatee County Government
2. **Question:** Are the physicians/providers contracted? If so, by whom?  
**Answer:** No.
3. **Question:** Does the County anticipate that the Third Party Administrator would contract with the physicians?  
**Answer:** No.
4. **Question:** Is attendance at any meetings a requirement for the Third Party Administrator? If attendance is required, at what frequency?  
**Answer:** It is anticipated that there will be initial transitional meetings but after that there is currently no requirement for regular meetings.
5. **Question:** Is there an expected turnaround time requirement for claims processing/payment to the providers? If so, please clarify?  
**Answer:** Yes, forty-five (45) days from receipt of the claim.
6. **Question:** Please provide a copy of the eligibility guidelines and enrollment application for the program.  
**Answer:** These can be obtained from the hospital.

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Financial Management – Purchasing Division  
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7. **Question:** Please provide a copy of the eligibility file layout.  
**Answer:** These can be obtained from the hospital.
8. **Question:** Confirm that "invoices" refers to CMS 1500 and UB-04 claim forms.  
**Answer:** Yes.
9. **Question:** Please clarify which party handles member grievances and appeals?  
**Answer:** The hospital providing the service.
10. **Question:** For the purposes of completing the implementation project plan, on what date does the County expect that the contract will be effective?  
**Answer:** Approximately October, 2011.
11. **Question:** Please clarify whether the Customer Service program relates to Provider Relations Customer Service or Patient Customer Service.  
**Answer:** Provider Relations Customer Service.
12. **Question:** What is the average membership for 2010?  
**Answer:** Approximately sixty (60) providers.
13. **Question:** What is the average per member per month claim?  
**Answer:** Approximately 1,200.
14. **Question:** What was the total claim count for 2009 and 2010?  
**Answer:** Total claim count for 2009 = 9,161.  
Total claim count for 2010 = 7,863.
15. **Question:** What is the ratio of Electronic Data Interchange ("EDI") to paper claims?  
**Answer:** All claims are currently paper claims.
16. **Question:** What is the average payments released monthly?  
**Answer:** Approximately \$75,000.00
17. **Question:** Are there any services allowed requiring prior authorization? If yes, what is the ratio of required prior authorizations to claims per month?  
**Answer:** There is no pre-authorization for any service.
18. **Question:** Will providers need any other capabilities within the web-based application utilized to collect encounter data? Recipient data? Authorization inquiry? Claim inquiry?  
**Answer:** This will be at the discretion of the Third Party Administrator.

All other terms and conditions of the original Request For Proposal remain unchanged.

If you have submitted a proposal prior to receiving this addendum, you may request in writing that your original, sealed proposal be returned to your firm. All sealed Proposals received will be opened on the date stated.

Sincerely,  
MANATEE COUNTY



Dennis W. Wallace  
Contract Negotiator