MANATEE COUNTY
FLORIDA

email
March 23, 2012

TO: All Interested Proposers

SUBJECT: Request For Proposal (RFP) #12-0778DC
Professional Third Party Administration of Medical Billing Services for Indigent Care

ADDENDUM #1

Proposers are hereby notified that this Addendum shall be made a part of the above named proposal. The following items are issued to add to, modify, and clarify the Proposal. These items shall have the same force and effect as the original proposal, and cost involved shall be included in the proposal prices. Proposals to be submitted on the specified due date, shall conform to the additions and revisions listed herein.

RFP Due Date is changed to April 5, 2012 at 3:00 P.M., same location.

1. Based on the figures from the Health Council of West Central Florida, 45,000 is the number for potentially eligible clients. Clients are not counted; rather count is number of claims. In an average month, expect 800 claims per month minimum. Expected claim growth is 1,000 claims increase per year.

2. Question: Is your plan always considered the primary coverage for your membership or are you a payer of last resort? Response: Payer of last resort.

3. Any physician can participate in this program; there are no provider contracts.

4. Reimbursement methodologies are as specified in RFP Article E.02.3.

5. Monthly paper claim type count for CMS 1500 (not applicable for UB04, Dental, or Invoices).

6. EDI claims are not applicable.

7. Claims should be processed within seven (7) business days of receipt.

8. There is no current policy or payment of claims around Coordination of Benefits.

9. The filing limit for processing claims is 520 calendar days from date of service.

10. There is no appeal process for provider or member for processing claims.

Financial Management Department * Purchasing Division
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11. Paper checks are currently provided to provider for receipts. E-payable is available.

12. Weekly payments are issued to the providers.

13. Number of payments issued to the providers during a payment run varies from 4 to 40.

14. Current institution used for payments is Bank of America.

15. Paper is currently offered for "Explanation of Benefits".

16. Claims denial percentage for CMS 1500 is 33%.

17. The contractor will be required to create a Claims Status Line. The average number of calls per week varies between 10 and 35. Operational hours will be normal business hours of 8:00AM to 5:00PM.

18. Provider issues/complaints are tracked through the Claims Status Line and are also received by e-mail and facsimile.

19. In response to percentage of claims requiring authorization: (For CMS 1500) Eligibility is provided by the hospital. All claims received (100%) must be determined whether they are eligible or not.

20. The processing policy for claims that fail to have the required authorization are denied. Authorizations are obtained electronically. The contractor will obtain the authorization from the hospital monthly, unless deemed otherwise by the hospital.

21. Data extracts and reporting, as well as system availability, will be determined with the contractor.

22. Member eligibility is provided electronically from the hospital on a monthly basis. (reference E.02.02)

23. Provider eligibility is provided electronically; frequency to be determined. (reference RFP E.01)

24. Manatee County staff is presently performing this service in-house.

25. Contractor's qualification is as specified in RFP B.01. Contractor must have all the required equipment to perform the specified services at contractor's location.

Proposals will be received at Manatee County Purchasing, 1112 Manatee Avenue West, Suite 803, Bradenton, Florida 34205 until **April 5, 2012 at 3:00 P.M.**

Sincerely,

Deborah Carey-Reed, CPPB
Contracts Negotiator

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