ADDENDUM NO. 2

March 12, 2020

TO: ALL RESPONDERS UNDER REQUEST FOR PROPOSALS (RFP) NO. 20-500540

FROM: Department of Purchasing and Contracting, DeKalb County, Georgia
For additional information, go to: http://yourdekalb.com/purchasing/index.html

SUBJECT: RFP NO.20-500540, “EMS BILLING SERVICES FOR FIRE RESCUE FOR DEKALB COUNTY” is hereby modified as follows:

A. We have received questions pertaining to this RFP. The questions and their resulting answers appear below:

1. **Question.** Do you have a time line to add trucks and if so, have you projected the increase to billable trips?
   **Answer.** There is no established timeline for adding trucks.

2. **Question.** Will the vendor be responsible for billing hazardous materials, etc.? If so, what will that entail?
   **Answer.** We do not currently bill Hazardous Materials incidents. This RFP is only for fees associated with the two DCFR transport units and the services they provide (assessment, transport, etc.) Hazardous Materials billing may be explored by the department in the future.

3. **Question.** What GO Live date [do] do you anticipate upon Board approval?
   **Answer.** As established in the Technical Proposal (Section 4.a), the bidder is to “provide a project schedule at the task level starting with the receipt of the Notice to Proceed and ending with project completion.”

4. **Question.** Will the vendor be financially responsible for the cost of your ePCR software (ImageTrend)? If so, please provide all specifications?
   **Answer.** The bidder is responsible for all costs associated with accessing our ePCR software. The ePCR software that DCFR currently uses is: ImageTrend Elite Field, Version 1.20.02.1.0.
5. **Questions.** Is the County expecting hardware to be included in this contract? If so, provide the number of units and specs.
   **Answer.** Per the Scope of Work (Section A.9), the successful contractor is responsible for all “associated software/hardware.” The amount of hardware that is needed to complete the scope of work as defined in the RFP is up to the bidder to determine.

6. **Question.** Does the County currently bill? If not, does the County have a provider number? If not, where is the County in the process?
   **Answer.** The county does not currently bill. As detailed in the RFP, the County does not currently have a provider number. Please reference Section II.A.7.

7. **Question.** What were the net charges for fiscal 2019?
   **Answer.** The county does not currently bill and did not bill in 2019.

8. **Question.** What were the total collections for 2019?
   **Answer.** See Response for Question 7.

9. **Question.** What was the average revenue collected per transport for fiscal year 2019?
   **Answer.** See Response for Question 7.

10. **Question.** Provide the a number of FY 2019 transports by primary payor for the following categories?
    a. Medicare
    b. Medicaid
    c. Commercial Insurance
    d. Patient Pay
    **Answer.** See Response for Question 7.

11. **Question.** What is the average loaded mileage per transport?
    **Answer.** The average transport mileage for 2019 was 2.98 miles, and the 90th percentile transport mileage for 2019 was 5.89 miles.

12. **Question.** How many invoices do you require and at what interval?
    **Answer.** This should be determined by the bidder as part of the bidder’s proposal.

13. **Question.** What is the number of transports for each call type for fiscal year 2019?
    a. ALS Emergency
    b. ALS Non-Emergency
    c. BLS Emergency
    d. BLS Non-Emergency
    e. ALS 2
    f. SCT
    **Answer.** Raw data for DCFR transports for 2019 is included as Attachment A, hereto.
14. **Question.** What are the current charges for each level of service?
   a. ALS Emergency (A0427)
   b. ALS Non-Emergency (A0426)
   c. BLS Emergency (A0429)
   d. BLS Non-Emergency (A0428)
   e. ALS 2 (A0433)
   f. SCT (A0434)
   g. Mileage (A0425)
   h. Treatment No Transport (A0998)

**Answer.** See chart below.

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<thead>
<tr>
<th>Item Description</th>
<th>Unit of Measure</th>
<th>Per Unit Cost</th>
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<tbody>
<tr>
<td>SUPPLEMENTAL UNIT HOURS</td>
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</tr>
<tr>
<td>ALS EMER BASE RATE</td>
<td>Each</td>
<td>$1,794.00</td>
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<tr>
<td>ALS LEVEL 2 BASE RATE</td>
<td>Each</td>
<td>$2,075.00</td>
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<tr>
<td>ALS ER ASSESSMENT</td>
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<td>$1,794.00</td>
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<td>BLS EMER BASE RATE</td>
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<tr>
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<tr>
<td>MULTI STR 3 PT ALS ASSESSMENT</td>
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<tr>
<td>TREAT &amp; RELEASE FEE</td>
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15. **Question.** What is your current practice for managing Notice of Privacy Practice (NPP)? Will the successful vendor be responsible for mailing NPP’s?

**Answer.** Notice of Privacy is part of the electronic patient care report software that is completed prior to the end of a response, which the patient signs.
16. **Question.** Do you currently use a lockbox for all payments and correspondence? If so, who will be responsible for the cost of the lockbox?

   **Answer.** We do not currently bill, and do not have a lockbox. The bidder will be responsible for the cost of the lockbox.

C. All other conditions remain in full force and effect.

D. It is the responsibility of each Responder to ensure that he/she is aware of all Addenda issued under this RFP. You may call the agent @ 404-371-4943 before the proposals are due to confirm the number of addenda issued.

E. All responders to this Request for Proposals must acknowledge receipt of this Addendum by signing the below Acknowledgement form and returning it with your proposal.

_____________________________________
Brenda H. Redus, Senior Procurement Agent
Department of Purchasing and Contracting
ADDENDUM NO. 2

ATTACHMENT A
2019 DCFR Transports

(go to the following link)
Addendum No. 2
RFP No. 20-500540

ACKNOWLEDGEMENT

The above Addendum No. 2 is hereby acknowledged:

_______________________________  _____________________________
Company Name                     Signature & Title

DR:bhr