

March 15, 2019

**ADDENDUM #2  
REQUEST FOR PROPOSALS #Y19-1005-AV**

**MEDICAL TRANSPORTATION BILLING SERVICES**

This Addendum is hereby incorporated into the bid documents of the project referenced above. The following items are clarifications, corrections, additions, deletions, and/or revisions to and shall take precedence over the original documents, Additions are indicated by **underlining** and deletions via ~~strikethrough~~.

A. Opening date has been changed:

**PROPOSAL SUBMISSION DUE DATE:**

Sealed proposals in an **original** and **eight (8) copies** for furnishing the above will be accepted up to **2:00 PM (local time), Tuesday, March 26, 2019** ~~Thursday, March 21, 2019~~ in the Procurement Division, Internal Operations Centre II, 400 E. South Street, 2nd Floor, Orlando, FL 32801.

B. Questions and Answers:

1. **Question:** I believe there is an error on the fee page of the RFP. Since the Medicaid runs have to be charged on a flat fee per Medicaid account, the "estimated Number of Annual Medicaid Collections" should actually be the "Actual Number of Medicaid Transports" and then the number should reflect the actual number of Medicaid patients.

**Answer:** The error has been corrected. The Estimated Number of Annual Medicaid Collections should not be a dollar amount on the Fee Schedule. It is supposed to be an amount. A revised Fee Schedule has been included in this addendum.

C. Section 5. FEE Schedule, has been deleted in its entirety and replaced with the following:

All other specifications, terms and conditions remain the same

**ACKNOWLEDGEMENT OF ADDENDA**

- a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid.
  
- b. Receipt acknowledged by:

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Bidder

**Revised FEE SCHEDULE**

The Contractor shall provide all labor, equipment, manpower and other resources necessary to provide the supplies, equipment and services in strict accordance with the scope of services defined in this Contract for the amounts specified in this Price Proposal Form. The fees shall include all costs, including profit, overhead and any other costs necessary to deliver the services.

**PROPOSERS MAY SUBMIT FOR LOT A OR LOT B OR BOTH LOTS.**

**PROPOSERS ARE CAUTIONED, MODIFICATION OF THE FEE SCHEDULE FORM OR USE OF RANGES OR ESCALATION PROVISIONS SHALL RESULT IN BEING DEEMED NON-RESPONSIVE.**

**Revised FEE SCHEDULE**

**LOT A – EMS BILLING SERVICES**

ITEM NO.	DESCRIPTION	FEE	TOTAL ESTIMATED BID
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1. A fixed percentage of all monies collected in the previous month **less** Medicaid claims:

ESTIMATED AMOUNT OF ANNUAL COLLECTIONS	Percentage Fee (Unit Price)	TOTAL ESTIMATED BID
\$24,000,000	x _____% (payable to the Contractor)	= \$ _____

2. A firm fixed fee per claim for Medicaid claims:

ESTIMATED NUMBER OF ANNUAL MEDICAID CLAIMS	FIXED FEE PER CLAIM (Unit Price)	TOTAL ESTIMATED BID
35,000	x \$ _____ (payable to the Contractor)	= \$ _____

**TOTAL ESTIMATED ANNUAL BID FOR LOT A (Items 1-2) = \$ \_\_\_\_\_**

X 3 years

= \$ \_\_\_\_\_

\_\_\_\_\_  
**Company Name**

**PROPOSERS MAY SUBMIT FOR LOT A OR LOT B OR BOTH LOTS.  
 PROPOSERS ARE CAUTIONED, MODIFICATION OF THE FEE SCHEDULE FORM OR  
 USE OF RANGES OR ESCALATION PROVISIONS SHALL  
 RESULT IN BEING DEEMED NON-RESPONSIVE.**

**Revised FEE SCHEDULE**

**LOT B – EMS SUPPLEMENTAL PAYMENT PROGRAMS**

ITEM NO.	DESCRIPTION	FEE	TOTAL ESTIMATED BID
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3. Certified Public Expenditure (CPE) for EMS Program (Attachment B):

ESTIMATED ANNUAL REVENUE WHICH COULD BE REALIZED FROM THIS PROGRAM	Percentage Fee (Unit Price)	TOTAL ESTIMATED BID
\$1,800,000	X <u>          </u> % (payable to the Contractor)	= \$ <u>                    </u>

ITEM NO.	DESCRIPTION	FEE	YEARS	TOTAL ESTIMATED BID
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4. Medicaid Managed Care Supplemental Payment Program (Attachment B):

ESTIMATED ANNUAL REVENUE WHICH COULD BE REALIZED FROM THIS PROGRAM	Percentage Fee (Unit Price)	TOTAL ESTIMATED BID
\$17,000,000	X <u>          </u> % (payable to the Contractor)	= \$ <u>                    </u>

**TOTAL ESTIMATED ANNUAL BID FOR LOT B (Items 3-4) = \$**

X 3 years

**= \$**

\_\_\_\_\_  
**Company Name**