



Dinwiddie County Administration Office

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ADDENDUM #1

Date: December 12, 2016

Request for Proposals # 16-120716

Third-Party Billing and Collection Services

Deadline: Tuesday, January 10, 2017 @ 3 p.m.

TO ALL POTENTIAL OFFERORS:

The following information is being provided for purposes of clarification or in response to questions received from potential offerors. In the event that any of these specifications conflict with previous specifications, the specifications in this addendum shall control. Prepare your proposal accordingly:

The following are responses to questions received:

1. Whether companies from Outside USA can apply for this? Can we perform the tasks (related to RFP) outside USA? Like from India or Canada?
Answer: The County will gladly review any proposal submitted; however, due to the nature of the work to be performed, any Offeror shall ensure that all applicable federal and state laws are followed, and that any legal risk to the County related to how or where the work is performed is eliminated. Ultimately, this would be the decision of the County Attorney based on information provided by the Offeror.
2. Whether we need to come over there for meetings?
Answer: Yes, face-to-face meetings will be required. The Offeror must work closely with the County, hospitals and insurance companies.
3. Can we submit the proposals via email?
Answer: Per Section 1, Page 5 of the RFP "*Proposals, to include addenda or changes to a response, shall **not** be accepted via Fax machine or by Internet E-mail, orally, or by telephone.*"
4. Will the vendor be financially responsible for the cost of your ePCR software and hardware?
Answer: No, the software and hardware cost are incurred by the County.
5. Please describe your current practice for managing Notice of Privacy Practice (NPP). Will the successful vendor be responsible for mailing NPP's?
Answer: NPP's are carried on the EMS units and are given out at the time of service in most cases. The ePCR program has a tracking feature of whether or not they are

received if they are not given out at the time of service then the vendor is required to mail them.

6. Do you currently use a lockbox for all payments and correspondence? If so, who will be responsible for the cost of the lockbox?

Answer: Yes, we use a lock box. The cost is passed on to the County by the vendor.

7. Does your current vendor administer the subscription program for the County? If so, is the selected vendor responsible for administering the program?

Answer: No, the subscription program is handled by Dinwiddie County Fire & EMS. All subscription data is compiled and then forwarded to vendor to be used in the billing process.

8. What do you charge for your subscription program to your constituents?

Answer: \$59 per household and/or \$29 for single person.

9. Do you have specific regulations for the subscription program?

Answer: Attached are the Membership Terms for the County's Subscription Program.

10. Who handles the subscription program mass mail out?

Answer: Dinwiddie County Fire & EMS handle all mass mailings for the subscription program.

11. Will the County allow other public agencies to utilize this RFP process through the cooperative purchasing clause in the RFP document?

Answer: Yes, this RFP has Cooperative Language. See Section 9.2, "Additional Users/Cooperative Procurement".

Note: A signed acknowledgement of this addendum must be received by this office prior to the due date and time, or must be attached to your proposal. Signature on this addendum does not constitute signature on the original proposal document. The original proposal document must also be signed per RFP instructions.

Company Name: _____

Signature: _____

Type/Print Name: _____

Title: _____

Date: _____

DINWIDDIE COUNTY FIRE & EMS

2017 ANNUAL SUBSCRIPTION

THE AMBULANCE AID PROGRAM IS AN ANNUAL SUBSCRIPTION PLAN THAT HELPS PAY FOR THE RISING COST OF EMERGENCY MEDICAL CARE AND TRANSPORT

Annual Membership Terms

The following are the terms of the Ambulance Aid Membership plan:

1. The Plan is available to all residents of Dinwiddie County and the family members who live in the resident's household (provided that they are enrolled in the plan at the time of application) and to individuals who work in the County.
2. The Plan covers medically necessary, as defined in the health plan, ambulance transport services to the hospital provided by Dinwiddie County. Transports from the hospital are not included in this plan.
3. I further understand that Dinwiddie County does not provide non-emergency transportation or wheelchair transportation.
4. The Plan only pays for the costs not covered by a health plan. Dinwiddie County will submit a claim for payment to the health plan for each ambulance transport.
5. Plan members agree to assist the County in collecting payments from the health plan, to promptly provide necessary information and signatures for the submission of claims to the health plans, and do any other things which may be reasonably necessary to help Dinwiddie County collect payment.
6. If the Plan member receives a payment for the ambulance transport directly from the health plan, the member will immediately forward such payment to Dinwiddie County. The failure to remit this payment to Dinwiddie County within five days of receipt will result in the full cost of the ambulance transport being borne by the plan member.
7. The Plan Membership will be effective every January 1 through December 31, upon receipt of full payment and a signed membership contract.
8. The Membership fee is non-refundable and non-transferable.
9. I, the undersigned, request that payment of authorized benefits be made on my behalf to: Treasurer, County of Dinwiddie, P.O. Box 371, Dinwiddie, Virginia 23841, for any ambulance services provided to me by Dinwiddie County.
10. I authorize any holder of medical information or documentation about me to release any information or documentation needed to determine these benefits or benefits payable for related services provided to me by Dinwiddie County, now or in the future.

NOTICE: In the event your check is dis-honored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check on your bank account for the collection of the amount of the check plus any applicable fees as permitted by law. THE USE OF A CHECK FOR PAYMENT IS YOUR ACCEPTANCE OF THIS POLICY. By signing this form and paying my membership fee I agree to the terms and conditions listed.

For more information contact:

Dinwiddie Fire & EMS
13910 Courthouse Rd
Dinwiddie, VA 2384
P: 804-469-5388
F: 804-469-7663

Ambulance Aid is a pre-paid service program offered by the County of Dinwiddie. At no time will you be denied emergency medical services or transport based on insurance status or ability to pay.