



**INVITATION FOR BID NUMBER AEPA IFB #009-G  
MEDICAID BILLING**

**PART C – BID FORMS**

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**Bid Submittal Organization and Check List**

1. Bid Submission instructions are found in Section E of Part A of the bid documents.
2. The Part C Bid Forms shall be submitted in both printed and electronic copy. Bidders shall include an exact paper copy of the electronic submission, paper copy(ies) of items that cannot be made a part of the electronic submission, and the electronic forms in the sealed bid package. In case of discrepancies, the printed responses will prevail over electronic submissions.
3. In order to insure that every bid receives a fair evaluation and comparison, it is required that each bid be organized in a three-ring binder with an inside pocket and a set of dividers is required.
4. It is suggested that the bidder preparing a response check off each required item as it is completed. The same list will be used by AEPA evaluators to ascertain that the bid is complete.
5. Any submittals too large to secure in the binder must be clearly labeled with the name of the bidder.
6. One original copy of the bid shall be submitted.
7. All documents with signatures shall have original ink signatures.
8. Electronic data must be provided on CD. Electronic media shall be clearly identified and labeled by including the vendor name, name of the bid and date. Electronic media must be placed in a protective pouch. Electronic price lists shall be in Microsoft Excel 2007 or less and shall allow for sorting on any of the fields listed below. Other documents may be submitted as Word or PDF files.

**Bid Submittal Checklist & Organization of Your Binder**

<b>Divider</b>	<b>Form</b>	<b>Description</b>	<b>Signature Required</b>	<b>Hard Copy</b>	<b>Word or PDF File on CD</b>	<b>Excel File</b>
1	A	_____ Bid Affidavit Signature Page (Notarized Hard Copy)	<b>X</b>	<b>X</b>	<b>X</b>	
1	B	_____ Acceptance of Bid and Contract Award	<b>X</b>	<b>X</b>		
2	C	_____ Proposal Description (Seven Pages/Questions; signature on last page)	<b>X</b>	<b>X</b>	<b>X</b>	
2	D	_____ Questionnaire for Bidders	<b>X</b>	<b>X</b>	<b>X</b>	
3	E	_____ Company Information	<b>X</b>	<b>X</b>	<b>X</b>	
4	F	_____ Exceptions to Terms, Conditions and Specifications	<b>X</b>	<b>X</b>	<b>X</b>	
5	G	_____ Bid Pricing (This will be a printout of the electronic pricing.)		<b>X</b>	<b>X (Excel)</b>	<b>X</b>
6		_____ Appendix with Catalogs, Slicks, Other Information, etc.		<b>X</b>		
Left Pocket		_____ Bid Security Bond for \$25,000		<b>X</b>		
Left Pocket		_____ Electronic Media CD (all required pages above)		<b>X</b>		

\_\_\_\_\_ Please **check or initial** here after all questions have been answered and data provided as requested. (Omissions and errors may cause bid to be rejected.)

**A. BID AFFIDAVIT SIGNATURE PAGE**

**AFFIDAVIT**

1. The undersigned, duly authorized to represent the persons, firms and corporations joining and participating in the submission of the foregoing bid (such persons, firms and corporations hereinafter being referred to as the bidder), being duly sworn, on his/her oath, states that to the best of his/her belief and knowledge no person, firm or corporation, nor any person duly representing the same joining and participating in the submission of the foregoing bid, has directly or indirectly entered into any agreement or arrangement with any other bidders, or with any official of the *Member Agency*, or any employee thereof, or any person, firm or corporation under contract with the *Member Agency* whereby the bidder, in order to induce the acceptance of the foregoing bid by the *Member Agency*, has paid or is to pay to any other bidder or to any of the aforementioned persons anything of value whatever, and that the bidder has not, directly nor indirectly entered into any arrangement or agreement with any other bidder or bidders which tends to or does lessen or destroy free competition in the letting of the contract sought for by the foregoing bid.
2. This is to certify that the bidder, or any person on his/her behalf, has not agreed, connived, or colluded to produce a deceptive show of competition in the manner of the bidding or award of the referenced contract.
3. This is to certify that neither I, nor to the best of my knowledge, information and belief, the bidder, nor any officer, director, partner, member or associate of the bidder, nor any of its employees directly involved in obtaining contracts with the State of *Member Agency*, *Member Agency*, or any subdivision of the state has been convicted of false pretenses, attempted false pretenses, or conspiracy to commit false pretenses, bribery, attempted bribery or conspiracy to bribe under the laws of any state or federal government for acts or omissions after January 1, 1985.
4. This is to certify that the bidder or any person on his behalf has examined and understands the terms, conditions, scope of work and specifications, and other documents of this solicitation and that any and all exceptions have been noted in writing and have been included with the bid submittal.
5. This is to certify that if awarded a contract, the bidder will provide the equipment, commodities, and/or services to members and affiliate members of the Agency in accordance with the terms, conditions, scope of work and specifications and other documents of this solicitation in the following pages of this bid.
6. This is to certify that we have completed, reviewed, approved and have included all information that is required in Sections C, D, E, F and G of these bid forms.

\_\_\_\_\_  
Authorized Representative (Please print or type)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Title (Please print or type)

\_\_\_\_\_  
City, State, Zip

X  
\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date                      Phone                      Fax

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public in and for County of, State of \_\_\_\_\_

My commission expires: Signature: \_\_\_\_\_

**B. ACCEPTANCE OF BID AND CONTRACT AWARD**

**AEPA IFB 009-G MEDICAID BILLING**

**ACCEPTANCE OF BID  
and  
CONTRACT AWARD**

TO BE COMPLETED BY BIDDER

In compliance with the Invitation to Bid, the undersigned warrants that I/we have examined the Instructions to Bidders, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the INVITATION TO BID and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the Agency Terms and Conditions and the special Terms and Conditions. The undersigned understands that his/her competence and responsibility and that of his proposed subcontractors, time of completion, as well as other factors of interest to the Agency as stated in the evaluation section will be a consideration in making the award.

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature (ink only) \_\_\_\_\_ Title \_\_\_\_\_

ACCEPTANCE OF BID AND CONTRACT AWARD TO BE COMPLETED ONLY BY AGENCY

Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Invitation for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from the Agency. The parties intend this contract to constitute the final and complete agreement between the Agency and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue until February 28, 2010 unless terminated, canceled or extended. By mutual written agreement, the contract may be extended for three additional 12-month periods ending on February 28, 2011, February 29, 2012 and February 28, 2013.

Awarding Agency: \_\_\_\_\_

Agency Executive \_\_\_\_\_

Awarded this \_\_\_\_\_ day of \_\_\_\_\_ Contract Number \_\_\_\_\_

**C. PROPOSAL DESCRIPTION – MEDICAID BILLING**

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

**Section 1** -- Describe how your solution and services will analyze and make recommendations related to a school district's Medicaid-eligible populations, eligible services, work flow, billing rates, record keeping, Medicaid revenue potential, and potential for private-insurance billing.

## **C. PROPOSAL DESCRIPTION – MEDICAID BILLING**

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

**Section 2** -- Describe how your solution and services will reach out to eligible students and families, some of whom are known and some unknown, to maximize the potential pool of constituents for whom Medicaid funds can be claimed.

## **C. PROPOSAL DESCRIPTION – MEDICAID BILLING**

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

**Section 3** -- Describe how your solution and services will train and educate school district staff, administration and board on:

- Medicaid rules and regulations
- Workflow procedures
- Reporting and claiming procedures
- Use of software tools
- Legislative and administrative action related to the program
- Appeals process

## **C. PROPOSAL DESCRIPTION – MEDICAID BILLING**

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

**Section 4** -- Describe how your solution and services will use software to capture a record of service encounters, outreach and administrative tasks.

## **C. PROPOSAL DESCRIPTION – MEDICAID BILLING**

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

**Section 5** -- Describe how your solution and services will use software to conduct on-line billing and claims, issue reports and oversee the program.

## **C. PROPOSAL DESCRIPTION – MEDICAID BILLING**

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

**Section 6** -- Describe how your solution and services will create reports necessary for the school district to stay compliant with federal/state rules and for the school district administration to view trends, manage services and take action to create and maintain an exemplary program.

**C. PROPOSAL DESCRIPTION – MEDICAID BILLING**

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

**Section 7** -- Describe how your solution and services will assist the school district in making appeals and under taking post-billing strategies to maximize its potential to receive every dollar to which it is entitled.

X \_\_\_\_\_

**Signature** (Same signature as on Bid Affidavit Signature and Acceptance Form)

**D. QUESTIONNAIRE FOR BIDDERS – MEDICAID BILLING**

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

*Please check Yes/No answers. If space provided is inadequate, indicate, “see attached” and label the attachment with the question number.*

Question	Check Yes or No (or remove word for electronic copy)		For Evaluators Use Only
	___Yes	___No	
1. Can your company serve all AEPA states with the best service offered?	___Yes	___No	
Comments:			
2. Do you currently have representatives for all AEPA states? (If no, a plan and timeline for providing these services is to be attached.)	___Yes	___No	
Comments:			
3. Is your pricing guaranteed as per language of the terms and conditions?	___Yes	___No	
Comments:			
4. Is your proposed software a hosted, web-based solution?	___Yes	___No	
Comments:			
5. Does your proposal provide for obtaining pre-approval for the Medicaid service billing solution and service reimbursement rates from respective state and federal governments?	___Yes	___No	
Comments:			
6. Does your proposal convert recorded service encounters into appropriate billing codes?	___Yes	___No	
Comments:			
7. Does your proposal implement administrative cost-reporting mechanisms?	___Yes	___No	
Comments:			
8. Does your proposal provide for designing and operating staff time studies?	___Yes	___No	
Comments:			

9. Does your proposal implement unique activities to increase the number of students identified as enrolled in the Medicaid program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
10. Does your proposal implement compliance reviews of internal processes and audit assistance for all local, state, and federal audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
11. Does your proposal track and update student Medicaid eligibility information by exchanging Medicaid eligibility request and response files with the state, if allowed in a state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
12. Does your software integrate with districts' legacy student database systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
13. Does your company provide technical and customer service assistance for a full business-day in all times zones of the continental United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
14. Does your proposal provide for reconciliation and adjustment activities related to incomplete or erroneous service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
15. Does your proposal provide for the collection of third-party insurance information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
16. Does your proposal assist in resolving issues regarding claims made to private insurance carriers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
17. Does your proposed solution maintain a history of service rate changes as they occur with the effective start and end dates for each and also account for service rate changes as they occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			

18. Does your proposal apply <u>state-defined</u> maximum allowed units of service per day per service code per child for any given state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
19. Does your proposed solution flag any unbilled service encounters for further investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
20. Does your proposed solution automatically generate replacement claims to handle late submission of encounters, retroactive rate changes, and the voiding of encounters billed in error?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
21. Does your software allow electronic submission of claims to the state Medicaid agency, as opposed to producing paper claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
22. Does your software electronically notify a billing clerk when any sort of processing anomaly has occurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
23. Does your system provide on-line access to code books?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
24. Indicate the level of support you are offering in this bid. ( <b>A bid will be determined nonresponsive if this question is unanswered.</b> ) Fees bid in this proposal are: <input type="checkbox"/> a. The same as we offer on single school district bids. <input type="checkbox"/> b. The same as we offer to cooperatives and state purchasing departments. <input type="checkbox"/> c. Better than we offer to cooperatives or state purchasing departments. <i>If line b or c is checked, indicate the percent lower (on single items) than the best price offered to educational institutions, cooperatives, or state purchasing departments.</i>			
Two percent (2%)	<input type="checkbox"/> Three percent (3%)	<input type="checkbox"/> Four percent (4%)	
Five percent (5%)	<input type="checkbox"/> Six percent (6%)	<input type="checkbox"/> Other _____%	

X \_\_\_\_\_

**Signature** (Same signature as on Bid Affidavit Signature and Acceptance Form)

**E. COMPANY INFORMATION**

*Note: This is a sample form. Actual data must be provided on disk, and printed. Original must be signed and inserted in the bid after it is printed.*

*Proper evaluation of bidders requires information about their companies.*

- 1a. Public Companies must provide their most recent yearly report to stockholders.
- 1b. *Private Companies must answer the questions below.*
  - a. Provide a brief history of your company that includes the type of business and its philosophy of doing business. If the bidder has recently purchased an established business, or has proof of prior success in this business, or a closely related business, please provide written verification.
  - b. Indicate the location of the headquarters of the company. List any branch offices in the state of any AEPA member. Provide the name, title, qualifications and experience of the employee that will coordinate the work and be the general contact for this contract.
  - c. For purposes of determining a bidder's ability to perform financially, attach a letter from your financial institution that indicates the line of credit available to you currently, and evidence of financial stability over the past three (3) years. This letter does not need to identify a dollar amount; instead, a credit range should be indicated. (For example, "credit in the low six figures" or "a credit line exceeding five figures").
2. Gaps sometimes exist between management (those who respond to IFB's) and sales staff (those who contact the public educational institutions) which results in problems. Provide the names your key sales people, phone numbers and states for which they are responsible.
3. Describe the company's ability to meet the unique Medicaid requirements for each state, where AEPA operates.

X

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**Signature** (Same signature as on Bid Affidavit Signature and Acceptance Form)



### ***G. Pricing***

***Bid pricing shall be submitted on Excel spreadsheets following the format supplied on the following page. An Excel copy of the template is posted on the AEPA website with this IFB. Hardcopy printouts shall include page numbers on all pages.***

- Use the form on the following page or duplicate it, to price all equipment, licenses, services, supplies, and other chargeable items you wish to place on contract. If you have a printed price list, you may also attach it.

**G. PRICE LIST FOR MEDICAID BILLING**

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

<b>MEDICAID BILLING BID PRICING</b>		Unit of Measure	Rate/Fee	Rank (for evaluator use only)
<b>Fee for Primary Services</b>				
1	As Per Part B, Section 6: Of successful claims, what percentage will your company take as its fee for Medicaid Billing?		0%	
<b>Other Fees, Labor Rates, and Charges (if zero type in zero; add rows as needed)</b>				
2	Analysis and Work Flow Recommendations			
3	Outreach to Eligible Students			
4	Software Customization			
5	Training and Education			
6	Software Licenses			
7	Software Hosting			
8	Appeals Representation			
9	Customer Service Calls			
<b>Other Fees Not Listed in the IFB, but Chargable Under Our Proposal</b>				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

(End of Part C)