SOUTH KINGSTOWN SCHOOL DEPARTMENT

REQUEST FOR PROPOSALS

South Kingstown School Department is seeking proposals for the following:

#2398 MEDICAID BILLING SERVICES

This is a request for proposals, not a request for bid; responses will be evaluated on the basis of the relative merits of the vendor’s qualifications; there will be no public opening or reading of the proposals received by the Purchasing Office of the South Kingstown School Department pursuant to this request. Interested vendors may provide a qualified proposal on or before July 3, 2019 by the close of business. The district reserves the right, at its sole discretion, to consider proposals received after this date.

Specifications may be obtained by visiting the South Kingstown School Department web site http://www.skschools.net/departments/purchasing_department or by contacting Maria Parrillo, Purchasing Manager, 307 Curtis Corner Road, Wakefield, RI 02879 – 2106, at (401) 360-1306.

The South Kingstown School Department reserves the right to reject any and all proposals, to waive any technical defect or informality in the proposals received, and to accept any of the proposals deemed most favorable to the interest of the school system.

The South Kingstown School Department does not discriminate on the basis of race, color, creed, national origin, age, sex, disability or sexual orientation. By submission of your proposal, you agree not to discriminate in named areas.

SOUTH KINGSTOWN SCHOOL DEPARTMENT
REQUEST FOR PROPOSALS (RFP)

#2398 MEDICAID BILLING SERVICES

The South Kingstown School Department is requesting proposals from vendors to provide services for Medicaid Reimbursement.

Interested parties may obtain a Request for Proposals (RFP) package at the South Kingstown Administration Building, 307 Curtis Corner Road, Wakefield, Rhode Island 02879, Monday through Friday, from 8:00 a.m. to 4:00 p.m. or by visiting our website at http://www.skschools.net/departments/purchasing_department .

This is a request for proposals, not a request for bid; responses will be evaluated on the basis of the relative merits of the vendor’s qualifications; there will be no public opening or reading of the proposals received by the Purchasing Office of the South Kingstown School Department pursuant to this request. Interested vendors should provide two copies of their proposal on or before July 3, 2019 by the close of business. The district reserves the right, at its sole discretion, to consider proposals received after this date.
SCOPE OF SERVICE

The South Kingstown School Department is seeking a Medicaid Billing System Agency to provide services for Medicaid Reimbursement.

1. The South Kingstown School Department is seeking proposals from a qualified Medicaid Billing System Agency to serve and to design a data collection system utilizing the EPSDT list, incorporate the data and submit to DHS for reimbursement. The Vendor will document extensive experience with school district submission criteria and will provide a list of references. Vendors will provide evidence of experience in managing a “Fee for Service” system.

2. The Vendor will provide a letter of introduction and qualifications describing the firm, names and professional qualifications of the personnel who will be working on the Medicaid reimbursement if awarded the contract.

3. The Vendor must show evidence of the ability to integrate special education data from existing student information systems.

4. The Bidder must include a written proposal to address the following issues:
   - Review of records for eligibility for Medicaid reimbursement
   - Send claims to DHS-w/capacity to use electronic claims option
     - Process timely claims with all payments remitted directly to the South Kingstown School Department.
   - Demonstrate experience with school department/municipality claims including:
     - Processing procedures
     - Confidentiality
     - Specific concerns related to educational agencies
   - Provide monthly reports on status of all claims including:
     - Accounts receivable
- Patient balances
- Insurance aging
- Management impact

- Provide on-site monthly review of submission forms

- Provide assistance to the South Kingstown School Department:
  - Customizing service/forms
  - Provide information on changes in regulations
  - Free phone support
  - Provide audit assistance as needed

- Shall conduct the following services
  - Twice annual, or as needed for new hires, training for all South Kingstown School Department employees (and subcontractors) on electronic submission of Administrative Claiming/Time Studies
  - Twice annual, or as needed for new hires, training for all district staff (and subcontractors) on electronic submission of Service and Case Management Logs.
  - Management of district-specific database for used National Provider Numbers and taxonomies
  - Quarterly Time Studies training and coordination

- Works directly with the Business Office and Special Education Department of the South Kingstown School Department.

5. Terms of Contract:

- Three year contract starting July 1, 2019 through June 30, 2022.

- The Bidder must stipulate a percentage fee structure for the cost of the service. The fee will be based on the total Medicaid payments collected by the South Kingstown School Department.

- The South Kingstown School Department will have the right to terminate any contract by providing a written notice ninety (90) day notice prior to termination, or earlier if agreed to by both parties.
Proposal Form

Medicaid Billing Services Bid

Please identify in your proposal the fee structure for managing the direct service Medicaid billing and a separate fee structure for managing the administrative Medicaid billing programs. The South Kingstown School Department reserves the right to award a contract for either direct service billing or administrative billing or both.

This form must be used for submitting proposal.

PROPOSAL FORM

SCHOOL DISTRICT  South Kingstown School Department

Mandatory pricing includes all of scope of services

Direct Billing ________ %

Administrative Billing ________ %

COMPANY ____________________________ CONTACT PERSON ____________________________

SIGNATURE ____________________ DATE ____________________ EMAIL ADDRESS ____________________

CITY, STATE, ZIP CODE ____________________ PHONE & FAX NUMBERS ____________________