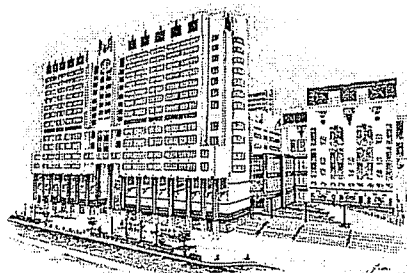


The Grady Memorial Hospital Corporation
d/b/a
GRADY HEALTH SYSTEM



Remarkable Service Exceptional Care

GRADY HEALTH SYSTEM

Resource Management Department

REQUEST FOR PROPOSAL

FOR

Professional (1500) Billing and Collection Services

**REQUEST FOR PROPOSAL NUMBER
RFP #09022IM**

**Request for Proposal Posted: March 26, 2010
Proposal Due: April 15, 2010 4:00 PM EST**

SECTION 1: GRADY HEALTH SYSTEM BACKGROUND

Grady Health System (“GHS”) is the southeast’s largest public hospital system. With a delivery system that includes affiliations with public health organizations, medical education programs, and community advocates, GHS provides quality, cost-effective, and customer focused health care to residents of metropolitan Atlanta and citizens of the State of Georgia. Grady Health System is comprised of Grady Memorial Hospital (953 licensed beds), Crestview Rehabilitation and Nursing Facility (388 long-term care beds), the Infectious Disease Center, the Loughlin Radiation Oncology Center, the Maloof Imaging Center, eight (8) community health centers, the Regional Perinatal Center, the Regional Burn Center, the State of Georgia Poison Control Center, the Georgia Cancer Center of Excellence, Ambulance Services, the Marcus Stroke and Neuroscience Center and the Emergency Care Center offering the only Level I trauma care in the region.

Grady Memorial Hospital opened in 1892 to provide medical care for the indigent and emergency health care for all residents of the Atlanta community. Grady is currently operated by the Grady Memorial Hospital Corporation d/b/a Grady Health System.

Medical care is provided under contract with Emory University and Morehouse Schools of Medicine. GHS also operates three professional training programs in medical technology, radiation oncology, and radiation technology. GHS cares for over 30,000 inpatients and more than 800,000 outpatients annually, including over 95,000 emergency care visits (including psychiatric emergency). In addition, the ambulance service provides more than 84,000 trips per year.

SECTION 2: OVERVIEW, QUALIFICATIONS & EXPERTISE

Project Overview

Grady Health System is seeking the services of an outpatient billing company to perform physician billing for our primary care physician clinics. The successful vendor must provide expertise in professional (1500) billing and collection services for 60 providers. Current volume includes 5,590 average monthly claims and \$1,117,838.84 average monthly claim charges.

Grady Health System shall make an assessment of each Proposer’s response and whether in the opinion of GHS, the Proposer is capable of undertaking and completing the scope of work delineated within this RFP in a satisfactory and timely manner. GHS will award a contract only to a responsible Proposer that has the ability to successfully perform under the terms of this RFP.

Qualifications & Expertise

Grady Health System requires the successful Proposer to exhibit the highest standards of integrity and work ethics (e.g. confidentiality, diligence and professionalism) and possess specialized experience in professional (1500) billing and collection services.

Within all responses to this RFP, the Proposer must provide the following details:

- Describe how the Proposer’s experience meets the requirements of this RFP.
 1. Provide a detailed description of the basic product lines offered by your company in the area of 1500 billing and collection services.
 2. Describe the company’s “experience” and “success” in managing other virtual business office professional billing and collection assignments.
 3. Provide the number of current urban hospital outsource assignments, indicating the dollars billed, types of provider services and specialties, the dollars collected each month from date of placement and the recovery rate percentages.
 4. Please include the specialty billing that your firm performs such as primary care, anesthesiology, surgery, etc.

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5. List any specialties that your firm has NOT performed billing and collections for historically.
 6. Please provide the name, address and phone number of three references of chief executive officers or chief operating officers from other large urban hospital settings for which the company is currently working and performing professional billing and collection services.
- Provide the following information about the Proposer:
1. Provide a brief history of the organization with emphasis on any corporate reorganization that has occurred in the last three years, office locations, and information documenting the company's financial position (i.e. financial statements, annual reports).
 2. Indicate the type of ownership (sole proprietorship, partnership, corporation, joint venture, or limited liability company—list state in which incorporated) and parent company, if any.
 3. Provide the name, address, and telephone number of the point of contact that will serve as the authorized negotiator(s) for the Proposer. The authorized negotiator shall have the authority to act on behalf of the Proposer and make binding commitments for the Proposer and any sub-consultants concerning this RFP.
 4. Please disclose any ownership and or relationships with Grady Health System and /or the Fulton DeKalb Hospital Authority Board of Trustees.
 5. Disclose whether the proposing entity, or any shareholder, member, partner, officer or employee thereof, is presently a party to any pending litigation, or has received notice of any threatened litigation or claim directly or indirectly bearing on Grady Health System or The Fulton-DeKalb Hospital Authority.

SECTION 3: PROPOSAL EVALUATION, SELECTION PROCESS, AND SCHEDULE

SCHEDULE:

Questions Due: March 31, 2010, 12:00 Noon – Responses will be provided by April 6, 2010

Response Due Date: April 15, 2010 at 4:00PM EST

***Finalist(s) Presentation: TBD-If Required**

***Award Decision: TBD**

** Date(s) are subjected to change*

SECTION 4: SPECIFICATIONS / DESCRIPTION

§ 4-A Scope of Services

Grady Health System is seeking the services of an outpatient billing company to perform physician billing for our primary care physician clinics. The successful vendor must provide expertise in 1500 billing and collection services for 60 providers. Current volume includes 5,590 average monthly claims and \$1,117,838.84 average monthly claim charges. The successful vendor will be required to fulfill all of the specifications with in the solicitation, which also includes outlining their credentialing process for physicians and assistant providers and performing such services as needed. **(Proponents are reminded that Grady reserves the right to amend the scope of services outlined within this RFP at any time and for any reason).**

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§ 4-B Information System Capabilities

1. Vendor's system must be able to download and upload data in a standardized format (to specifications later defined by Grady Health System) that is compatible with both the Seimens Invision and EPIC Patient Accounting systems.
2. Must have the ability to load and bill accounts directly from vendor's system.
3. Vendor must have a viable solution for electronic transfer, interface reconciliation, and tracking of charge and demographic data, and files to and from the hospital based information system to the physician billing system. Solution must include a charge tracking and data quality assurance program.
4. Vendor must have appropriate, compliant and industry standard software claims processing and editing capabilities. This includes, for example, a CCI editor, the use of claims editor software to "scrub" claims data for demographic, medical necessity, insurance eligibility and other criteria, etc.
5. Vendor must be able to report claims anomalies and errors back to Grady Health System and have a process to develop and monitor corrective action plans appropriate to avoid similar issues errors in the future.
6. Must have the capability to perform CRNA / Anesthesia billing.
7. Clearly define the type (i.e. demographic, transactional, etc.) and frequency of files required for you to work accounts from your system.
8. Have the ability to process 18D and 7M records.
9. Provide an overview of the company's technology and percentage of business dedicated to healthcare related billing/collection services. Provide background on the number of EPIC clients that you have worked with historically and the length of time your firm has worked with these clients.
10. Please provide information on accepting registration data from EPIC and your experience working with EPIC. (Note: GHS is currently running Siemens Invision, however we will be discontinuing this capability by the end of October, 2010).
11. Describe in detail your current (and planned) billing/collection systems that would be used for this application (including web-based collection/payment systems), address verification, and skip-tracing and telephone/telecommunication capabilities.
12. Describe the expected IS resources required from the hospital to implement this new program.
13. Define the implementation or start-up procedures, resource requirements, any associated costs with an IS task list of functions.
14. Please provide a list of any automated capabilities for managing and auditing payments, such as the ability to audit managed care and Medicare payments for accuracy.
15. Describe in detail the organization's ability to perform and manage the entire credentialing process for GHS' physicians and assistant providers.
16. Define interface requirements.

17. Identify telecommunication, hardware and connectivity requirements and configurations.

§ 4-C Operational Implementation

1. Outline the process that shows average implementation time from contract signature through go-live.
2. Please describe in detail the operational implementation process for how your firm would perform this 'start-up' physician billing implementation.
3. Provide timelines for implementation on delivering and completing individual tasks for implementation in the areas of credentialing, registration, super bill review, charge entry, billing, collections, denial management, etc.
4. Describe how the connectivity and communication between the company and the hospital will be managed such as:
 - Describe in detail the method that would be used to register the patient and obtain additional information that is missing from the original registration.
 - Describe the coding process that would be used to prepare the accounts for billing.
 - Describe in detail the billing editing and process through to collections.
 - Describe any physician education that would be implemented as issues are identified and the required resolution.
 - Describe how coding audits will be performed and coding compliance guidelines.
 - Describe how and when accounts will be closed and returned, and placed with a collection agency.
 - Describe how company proposes the lock box function would work considering the Federal Tax Identification number will be the same as GHS.
 - Describe how and where dollars will be paid and posted to the GHS's accounts.

§ 4-D Reporting

1. The monthly electronic report "package" must include but not be limited to the following:
 - Gross billings by physician and practice or department, payer and GHS System
 - Net collections by physician, dept, payer and GHS (sorted by payer)
 - Managed Care Contract Management payment variance reports
 - RVU productivity reports
 - Payer mix reports
 - Denial reports
 - Aging by physician, dept, payer, and GHS
 - Collection reports
 - Billing lag time analyses
 - Data warehouse interfacing.
 - The vendor must have the flexibility to report on an ad-hoc basis on any and all billing data elements
 - The proposal should include examples of current standard billing management reports
 - Referral and acknowledgement listings
 - Status Reports (on all active accounts) – detailing current status and payment activity
 - Ongoing tracking of cash return percentage by provider and service location
 - Denial reports by provider, location and reason
 - Closed and returned reports reflecting the reason for discontinuation – unable to collect, patient/guarantor cannot be located, bankruptcy, incorrect account balance, "closed-end" agreement turn-back timeframe has been reached, etc.

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- A qualified list of close and return uncollectable accounts biweekly to an external collection agency
- Reports listing additional information required on accounts such as pending medical records, explanation of benefits, disputes, patient complaints, etc.

Please include a sample of each report as an appendix to your response.

2. Please describe the company's ability to provide custom reports as defined by the hospital on the accounts placed.

§ 4-E Staffing

1. Describe the structure of proposed delivery.
2. Where will the work be done? Are there on/off-shore locations? If off-shore staffing is included in proposed delivery, list the exact duties that will be handled by that group.
3. What are your onsite space/staffing requirements? Will you have your own clerical support?
4. Provide a designated Grady Account Manager who will act as a primary contact or representative for problem solving and communication of issues between the vendor and Grady.
5. Provide resumes of the director(s) and manager(s) that would be assigned to manage the day-to-day aspects of GHS' physician billing services.
6. List estimated number of employees working, supervisors, managers, and directors that would be assigned to work GHS' professional billing accounts. Provide the company's FTE standards per accounts billed, insurance follow-up, self-pay accounts requiring collection, etc. Include pertinent organizational charts. Describe how and when subcontractors may be used to supplement current staff. Describe percentage of staff that is bilingual and what languages.
7. Provide a sample job description for employees performing the billing and collection functions.
8. Describe how staffing for new clients is managed.
9. Describe how the company determines when and how full-time employee equivalents will be added to manage a new client, additional account volume, etc.
10. Briefly describe how employees are trained.
11. Describe if any recording systems used to monitor incoming and outgoing phone calls. Also, state if these recordings can be retrieved to resolve complaints?

§ 4-F Communication

1. How will issues be identified, quantified and trended over time?
2. Define your reconciliation process, including frequency of balancing.
3. What are the various methods available to conduct meetings and retrieve performance reports?
4. Describe how the company plans to communicate with the hospital daily or weekly to resolve open issues with accounts to facilitate collections.

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5. Please describe how the company will communicate and help educate providers on trends and billing issues such as no procedures are being billed, no anesthesia charges for surgeries, no procedures are being performed, incorrect CPT and diagnosis codes are being used, missing or incorrect modifiers are being used, etc.

§ 4-G Collection Process

1. Describe distinguishing technologies or techniques that maximize your efficiency and/or effectiveness.
2. Define how monthly cash collections and A/R resolution goals are calculated.
3. Are you able to produce guarantor-based billing?
4. What ways/options to patients have to pay their bills through your service?
5. Describe any insurance verification process that will be used to assure the correct insurance is billed to validate registration accuracy.
6. Provide sample dunning statements, collection statements/letters that may be used and the methodology for per-collection of accounts. For example, define how small and large balance accounts will be managed, such as follow-up with insurance companies, number of letters, frequency of letters, phone attempts, etc. based on balance and payor.
7. Describe the company's ability to customize the billing and collection processes, number of statements, collection letters, frequency of mailings, number of phone calls, etc.
8. List any languages (i.e., Spanish) that may be used for statements and collection letters. Describe if the company has the ability to send collection letters in English and Spanish.

§ 4-H Liability Insurance/Coverage/Compliance/Licenses

1. Liability Insurance Coverage – provide copies of detailed information defining coverage and policy limits. Prior judgments or pending litigation must be delineated.
2. Compliance –
 - Provide a copy of the company's compliance plan.
 - Please provide information on how your company maintains compliance with HIPAA.
3. Licenses – Please provide a list of states where the company is licensed to do business.

§ 4-I Pricing

1. Give pricing on the proposed scope of services, based on the information given and vendor's intended delivery.
2. Describe any value-added services that are included in the pricing, but beyond the scope of the RFP.

Please provide responses to pricing on Attachment B: Cost Proposal

§ 4-J Term

The term of this agreement will be two (2) years with an option to renew for an additional one (1) year period.

SECTION 5: EVALUATION CRITERIA AND PROCESS

The selection of the awardee to be engaged by GHS to accomplish the aforementioned scope of work will be based on the following criteria that are utilized by the Technical Evaluation Team. The Technical Evaluation Team is comprised of members of the GHS staff.

§ 5-A Technical Proposal/Demonstrating An Understanding of the Services/Products Requested/Technical Modules

Proposals submitted must demonstrate the capability to comply with all requirements and specifications contained in this RFP. Failure to demonstrate the ability to meet specifications may result in non-consideration.

§ 5-B Previous Experience On Projects of a Similar Nature/References

GHS will review and evaluate the information submitted related to the scope of services and similar sized projects your firm has successfully completed in the past. Particular attention will be paid to the capability, quality, timeliness, cost controls and references.

§ 5-C Cost Proposal

GHS will review and evaluate the overall costs in the proposal to determine if they are: (1) Realistic for the work to be performed; and (2) Consistent with various elements of the Proposer's scope of services/technical proposal.

§ 5-D Management Plan/Implementation/On Going Support

GHS will review and evaluate an overview of the proposed project management team and plan. In this overview, please identify the consultants and other key staff who would be assigned to the project and involved in providing goods/services as specified in the RFP. Provide biographical data on these individuals, the roles that each will play, and indicate which senior level staff member(s) will represent your firm at meetings with GHS. It is also requested that you provide biographies of other key members in your firm whom you regard as key to the firm's governance or to a relationship with GHS. The Proposer shall also include an overview of its corporation which will include, but not be limited to a description of the corporation, length of time in business, market presence, financial stability, and a summary of the firms project management and control policies.

SECTION 6: REPRESENTATIONS AND INSTRUCTIONS

§ 6-A Instructions, Conditions, and Notices to Proposers

§ 6-A-1 Response Guidelines

The information required by this RFP is comprehensive and necessary for accurate Proposer selection. Please be concise with answers. Each applicable question must be answered. For questions deemed not applicable, please state "not applicable". The response to this RFP must be submitted with **one (1) original hard copy, three (3) CD's and four (4) printed copies of the proposal. Four (4) copies of the Cost Proposal must be submitted under a separate cover with the proposal. No faxed nor e-mail copies will be accepted.**

Proposals must be completed and returned in the same format. Your RFP response, in its entirety, will be included in the subsequent contract negotiated between GHS and the selected Proposer. All documents shall be submitted in a sealed container sufficient to protect and maintain the confidentiality of the contents and/or to indicate loss of confidentiality. Container must indicate this **RFP # 09022IM** and the name of the company submitting the proposal on the outside of the container. All responses to the RFP must be delivered to the Resource Management Department no later than **APRIL 15, 2010 by 5:00 PM EST.**

All forms in Appendices A, B and C must be signed by an officer of the firm having the authority to make such offers, verifying that the proposal is valid and will remain valid.

Any cost incurred in the preparation and presentation of this response is to be absorbed by the Proposer. All documents submitted will become the property of GHS unless otherwise requested in writing by Proposer at the time of submission. Further, any materials submitted by Proposer that should be considered "**CONFIDENTIAL**" must

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be clearly marked as such. Submission of any materials, confidential or otherwise, will implicitly grant the right of use by the Corporation. All portions of the proposal that are not designated as confidential will become part of the public record immediately following an award. Documents designated as confidential will be treated as such to the extent permitted by law, including but not limited to the Georgia Open Records Act.

§ 6-A-2 Submission Guidelines

Bidders are forbidden to contact, directly or indirectly anyone other than the Grady Resource Management Department. Ivan Mann, CPPB, Resource Specialist is the sole point of contact for this RFP during the bid process. Contact with any person other than Ivan Mann is grounds for disqualification from this process. Bidders are also strictly forbidden to attempt to influence, through internal or external third party sources the outcome of this bid. Your submission of this RFP serves as your confirmation that you, your firm and anyone acting as an agent, representative or influencer on behalf of your firm has not engaged in any action that may be construed as an attempt to influence the outcome of this bid.

Failure to comply with any of the above stated guidelines may result in immediate disqualification. If you have any questions regarding this RFP, email or fax your questions /concerns to **Ivan L. Mann**, CPPB, Resource Specialist at imann@gmh.edu, 404-616-8247.

§6-A-3 RFP Terms and Conditions Posted on the Grady Website at the following address
www.gradyhealthsystem.org/vendors

Compliance with GHS terms and conditions are required for any Proposer selected to provide goods, equipment, or services by the awarding of any Request for Proposal.

§ 6-A-4 RFP Completion Instructions

Acceptance of Proposer's proposals: GHS reserves the right to accept or reject any proposal, change these specifications or waive any formalities. Should it be necessary to modify an application to fulfill the needs of GHS, GHS will retain exclusive rights of ownership and use of all design documents, programs, and documentation developed. The proposals, as submitted, will be the basis for contract negotiations and will be included in any contract between GHS and the selected Proposer. Representations made within the proposals will be binding on responding Proposers. Proposer's responses should be written in a concise and forthright manner. Proposers may be excluded from further consideration for failure to fully comply with the specifications of this RFP, including the failure to return ALL required documents, as well as, not using the forms and files as included. GHS will not be responsible for any costs associated with proposals as submitted.

Proposer Selection: GHS reserves the right to make an award based solely on the proposals as submitted, or any other basis, or to negotiate further with one or more Proposers. The Proposer(s) selected will be chosen on the basis of greatest benefit to GHS, as determined by GHS, and not necessarily on the basis of the lowest price. Award of a contract, if any, resulting from this RFP will be subject to the terms and conditions of GHS purchasing policies. Upon completion of the initial review and evaluation of the proposals, selected Proposers may be invited to participate in oral presentations.

Full Right of Selection and Rejection: The right to reject in its entirety or to select a Proposer providing other than the lowest cost product is reserved. GHS reserves the right to select and award, at its option, the runner-up's Proposal in the event the selected offer for award or Proposer receiving the award, upon further review and solely in the opinion of GHS, fails to meet all qualifications or specifications or proves to be a selection not in the best interest of GHS.

Proposal Open Record: If a request to inspect the proposal, or any portion thereof, is made by a third party, GHS will endeavor to treat all materials requested to be kept confidential and non-disclosable to the extent provided by the Georgia Open Records Act. The Proposer understands that GHS may be subject to the provisions of such Act together with the Uniform Trade Secrets Act. GHS will endeavor to inform the Proposer of any third party request for disclosure of such information pursuant to the Georgia Open Records Act or as may be otherwise made to Grady Health System.

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If the Proposer requests that such information be held confidential and not disclosed by GHS, the Proposer will assume the defense of such position, up to and including litigation, and will indemnify, save and hold harmless GHS, its officers and employees, from any expense, fees, costs or liability associated with such third party request or such litigation. If the Proposer does consider the proposal or any portion thereof to contain confidential information, it shall submit a letter on the Proposer's letterhead signed by the owner or Chief Executive Officer, requesting that GHS treat the proposal confidential and private information to the extent possible under Georgia law. Otherwise, the Proposer agrees that its' submission may be deemed as public information.

Regulatory and Ethical Compliance: No proposal shall be accepted from, and no contract will be awarded to, any person, firm or corporation that, within the past five years, has been found in non-compliance with Georgia statutes or the standards and rules set by the Ethics Commission of the State of Georgia. (<http://www.ethics.state.ga.us>).

Prior to any contract award, GHS will verify that the prospective Proposer's company, officers and/or principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by any Federal department or agency. This will be verified through the Office of Inspector General (OIG). If the Proposer and/or its principles appear on the OIG list, GHS reserves the right to reject the Proposer's proposal and refuse award of a contract.

Notice of Award: The notice of award is issued by the Resource Management Department. Unsuccessful Proposers shall be notified in writing, after award has been made.

SECTION 7: ECONOMIC OPPORTUNITY PLAN (EOP)

It is an overall objective of Grady Memorial Hospital Corporation d/b/a Grady Health System (GHS) to encourage involvement by local, small, or economically disadvantaged contractors and suppliers in business activities generated by GHS, while assuring that such activities will be conducted in accordance with all applicable laws. It is the declared policy and intent of GHS to strive to maximize participation of local, small, or economically disadvantaged businesses through all business contracting opportunities. GHS is committed to ensuring that local, small, or economically disadvantaged businesses are given every opportunity to participate in contracting opportunities.

GHS prohibits discrimination on the basis of race, color, gender, religion, national origin, or disability in connection with employment of any person, or the award of any contract. GHS will provide equal opportunities without regard to race, color, gender, religion, national origin, or disability, by requiring that any vendor doing business with GHS provide equal opportunity to persons and businesses employed by, or contracting with the supplier of products and services to GHS.

The respondents must outline a plan of action to encourage and achieve participation by local, small or economically disadvantaged businesses as it relates to this RFP.

Past Performance: Proposer shall (1) summarize in writing its past performance for client healthcare institutions in actively fostering the participation of local, small or economically disadvantaged businesses utilized by the institution, (2) provide three (3) or more client references for this purpose for whom it has provided housekeeping services within the past two (2) years, with the name, phone number and e-mail of a specific knowledgeable contact person for each such client reference.

Present Commitment: Proposer shall submit in writing its present commitment and business plan to facilitate and promote the participation of local, small or economically disadvantaged businesses. Specific, measurable performance criteria for this purpose shall be included in the Proposer's submission which, subject to negotiation and mutual consent, shall be included in the awarded contract as measurable requirements of vendor performance for the duration of the contract.

Post-award performance: The specific, measurable performance criteria included in the proposal for present commitment to local, small or economically disadvantaged businesses shall, subject to negotiation and mutual

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consent, become part of the awarded contract as specific, measurable requirements of vendor performance for the duration of the contract.

EOP CERTIFICATION:

I certify that the statements made by me in this EOP Section are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to disqualification and debarment from participation in future GHS contracting opportunities, held liable for breach of contract and subject to the enforcement of any remedies available under the contract or as a matter of contract law. I agree that no changes shall be made to this section without the written consent of GHS.

Authorized Representative Signature

Title

Date

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**APPENDIX A: REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF
PROPOSERS**

****REQUIRED INPUT WITH SUBMISSION****

CERTIFICATION

The undersigned certifies that he/she has read, understands, and agrees to be bound by the terms and conditions of the Request for Proposal (RFP #09022IM). The undersigned further certifies that he/she is legally authorized by the Proposer to make the statements and representations on this form, and that said statements and representations are true and accurate to the best of his/her knowledge and belief. The undersigned understands and agrees that if the Proposer makes any knowingly false statements, or if there is a failure of the successful Proposer (i.e., contractor) to implement any of the stated agreements, intentions, objectives, goals, and commitments set forth herein without the prior approval of GHS, then the Proposer's act or omission shall constitute a material breach of the contract. The right to terminate shall be in addition to and not in lieu of any other rights and remedies GHS may have for defaults under the contract. Additionally, the Proposer may be prohibited from obtaining future contracts awarded by GHS. GHS reserves the right to terminate any contract where a material breach has occurred.

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

FACSIMILE: _____

E-MAIL: _____

(SIGNATURE)

(DATE)

APPENDIX B: COST PROPOSAL

- Give pricing on the proposed scope of services, based on the information given and vendor's intended delivery.
- Describe any value-added services that are included in the pricing, but beyond scope of RFP.

If you require more cost data, consult with the Ivan Mann, Resource Specialist at GHS prior to creating your Cost Proposal Worksheet.) Four (4) copies of the cost proposal must be submitted under a separate cover with your proposal.

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Please Note:

Proposer's Name: _____

Total contract value for ALL requirements, including G & A*: _____ **

*G&A: All general and administrative costs, profits, travel, per diem, and ALL costs associated with this contract.

**This figure is the figure that will be used in the evaluation. _____

Where there is reference in the RFP to deliverables, submission requirements, or other response and contract performance discussions, said reference may not include all requirements in the RFP. It is incumbent upon the Proposer to read this entire RFP carefully and respond to and price all requirements and ensure "Total contract value for ALL Requirements" above includes all requirements.

(Print Name of Authorized Company Officer)

(Signature)

(Date Signed)

APPENDIX C: SOLICITATION / CONTRACT FORM

REQUEST FOR PROPOSAL NUMBER: RFP#09022IM

RFP DESCRIPTION: Professional (1500) Billing and Collection Services

PROPOSAL RESPONSES MUST ARRIVE NO LATER THAN **April 15, 2010 at 4:00 PM**. NOTE: Mark the outside lower-left corner of your submission with the RFP number shown above.

This document contains **14** pages. Questions regarding **RFP #09022IM** should be directed to **Ivan Mann, Resource Specialist, by March 31, 2010 @ 12:00 Noon**.

You are invited to submit your proposal for the services listed with in this RFP. Responses must arrive at:

<u>DELIVERY ADDRESS</u>	<u>MAILING ADDRESS</u>
Grady Health System Resource Management Department *Armstrong Hall 48 Armstrong Street 4 th Floor, Suite 420 Atlanta, GA 30303	Grady Health System Resource Management Department 80 Jesse Hill Jr. Drive, SE Atlanta, Georgia 30303

***NOTE:** The Armstrong Hall Building is located on the corner of Armstrong Street and Piedmont Avenue.
FAXED RESPONSES WILL NOT BE ACCEPTED.

Director of Resource Management: _____
Vice President _____
Materials Management/CPO: _____

[Handwritten Signature]
[Handwritten Signature]

DATE: 3/26/10

DATE: 3/26/10

PLEASE BE ADVISED: Proposers must **complete and return all pages** required with proposal submission. Failure to return these completed pages with responses may result in non-consideration of proposal submission.

Please acknowledge receipt of the following Addenda to the solicitation documents below by entering the number and the date of each:

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

NAME OF RESPONDING FIRM: _____

NAME OF COMPANY OFFICER _____

(Company officer must have authority to legally bind the company):

TITLE: _____

DATE: _____

(MANDATORY) SIGNATURE OF COMPANY OFFICER ABOVE (Certifying agreement with specifications, terms and conditions unless otherwise noted.)

Signature