The Grady Memorial Hospital Corporation
d/b/a

GRADY HEALTH SYSTEM

Remarkable Service Exceptional Care

GRADY HEALTH SYSTEM

REQUEST FOR PROPOSAL
(RFP)

FOR

SMALL BALANCE and BAD DEBT COLLECTION SERVICES

19002IM

Request for Proposal Posted: February 14, 2019
Proposal Due: March 8, 2019 @ 2:00PM EST
SECTION 1: GRADY HEALTH SYSTEM BACKGROUND

Grady Health System ("GHS") is one of the Southeast's largest public hospital systems. 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 Health and Rehabilitation Center (388 licensed long-term care beds), the Infectious Disease Center (HIV/AIDS), the Loughlin Radiation Oncology Center, the Maloof Imaging Center, six (6) community health centers, the Regional Perinatal Center, the State of Georgia Poison Control Center, the Georgia Cancer Center for Excellence, The Marcus Stroke and Neuroscience Center, Grady EMS-Atlanta's 911 ambulance service, the region's premiere Level I trauma center and nationally renowned emergency medicine and burn centers.

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 (3) professional training programs in medical technology, radiation oncology, and radiation technology. GHS averages more than 25,000 inpatient visits and more than 600,000 outpatients annually, including over 95,000 emergency care visits (including psychiatric emergency).

SECTION 2: OVERVIEW, QUALIFICATIONS & EXPERTISE

Project Overview

Grady Health System is seeking the services of three (3) qualified collection firms to provide dependable, efficient and effective services for small balance and bad debt collections of hospital services, physician, nursing home and Emergency Medical Services (EMS) accounts (excluding Medicare, Camp Creek facility and physicians accounts). Three selected vendors will receive an Alpha split of the self-pay inventory.

a. Small balance accounts will be third party commercial, including Georgia Medicaid, payors.

b. Bad Debt placement will consist of self-pay balances including patient liability after insurance payment[s].

Vendor Registration

All vendors are required to complete a Vendor Registration Application through the GHS electronic vendor registration process prior to visiting any location or department of the health system. The registration allows GHS to have a complete profile of the vendors and all representatives that visit the health system to solicit products and services to GHS. The electronic Vendor Registration Application can be completed on the GHS website at www.gradyhealth.org/suppliers.

Qualifications & Expertise

GHS requires the submitter exhibit the highest standards of integrity and work ethics (e.g. confidentiality, diligence and professionalism) and possess specialized experience in providing the proposed service.

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

1. Provide a brief history of the organization with emphasis on any corporate reorganization that has occurred in the last three (3) years, office locations, and information documenting the company's financial position (i.e. financial statements, annual reports).

2. Indicate name and the business address of the entity, or individual that will be the party to the proposed contract and the Offeror's business telephone number, fax number, and e-mail address.
3. 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.

4. Provide the name, address, and telephone number of the point of contact that will serve as the authorized negotiator(s) for the Offeror. The authorized negotiator shall have the authority to act on behalf of the Offeror and make binding commitments for the Offeror and any sub-consultants concerning this RFP.

5. Please disclose any ownership and/or relationships with Grady Health System and/or the Grady Memorial Hospital Corporation d/b/a Grady Health System.

6. 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.

7. Disclose whether the proposing entity, or any shareholder, member, partner, officer or employee has been sanctioned by or excluded from doing business with a state or federal government agency or payer.

8. Disclose the name and title of any of Grady Health System’s and/or The Fulton-DeKalb Hospital Authority board members, officers, administration, employees, contracted employees or independent contractors that are employed by or affiliated with the Offeror’s organization. This includes but is not limited to the Offeror’s board members, committee members and advisors to the Offeror’s organization, holding company or any owned subsidiary. This disclosure will apply to anyone affiliated with Grady Health System per its description in Section 1 above.

9. Please provide a sample listing of hospital customers and a description of the services your firm provides them similar in scope to those presented in this document. Please specifically indicate Georgia clients.

10. Number of years providing services in the healthcare industry and key service offerings.

11. A project organization chart with supporting job descriptions and responsibilities, and a one page resume of each individual involved in the project.

12. The name, title and resume of the person who will manage this engagement and will serve as the contact for the duration of the contractual relationship. This information must be kept current for the duration of the contract.
SECTION 3: PROPOSAL EVALUATION, SELECTION PROCESS, AND SCHEDULE

Questions Due: February 25, 2019 @ 2:00 PM. EST

*GHS response to questions posted to the GHS Website: February 28, 2019 @ 5:00PM EST

Response Due Date: March 8, 2019 @ 2:00PM EST

*Presentations and Interviews: TBD p.m. EST. (if applicable)

*Award Recommendation: TBD

Vendor to start TBD

* Date(s) are subject to change

SELECTION PROCESS

This RFP involves a two-phase evaluation and selection process:

**Phase One (1)**, GHS shall make an assessment of firm’s responsibility, that is, whether in the opinion of GHS after review of specific requirements in this section, listed below, the firm is capable of undertaking and completing the scope of work delineated within this RFP in a satisfactory manner. **If the firm’s proposal does not demonstrate firm’s abilities by meeting our requirements in this section, your proposal will be deemed “non-responsive,” and will not advance to the second phase of the evaluation/selection process.** The “non-responsive” firms will be notified in writing of the determination. At the conclusion of Phase One (1), a short-list of responsive and qualified respondents will exist. These respondents will advance to Phase Two (2) of the evaluation/selection process.

Provide written documentation demonstrating that firm meets the specific requirements below for Small Balance collections:

**Requirement #1**: Provide at least three (3) references where your firm has provided successful high volume small balance collection services similar to those proposed for GHS. These references should demonstrate firm’s experience in working with comparable sized public health systems (public, safety-net hospital in large urban community; 30% uninsured) within the last two (2) years. Provide your firm’s performance matrix and key performance indicators (KPI). Must provide proof of one current Epic client in the Southeast region, preferably one with 30% or more government payers.

**Requirement #2**: Provide written documentation that demonstrates at least ten (10) years of continuous collection program.

**Requirement #3**: Provide written documentation that demonstrates experience in computer systems interfacing with Epic Hospital Billing (HB) system. Must provide all software and/or hardware upgrades needed to interface with the GHS Epic system. **Provide current copy of the bidding vendor’s Epic Outsource Agreement**.

**Requirement #4**: Provide written documentation that demonstrates your experience in performing eligibility verification of all third party insurance companies including Georgia Medicaid.

**Requirement #5**: Provide written documentation that demonstrates firm’s experience in generate reports providing operational statistics, such as account referrals, cash collections, aging since placement, average time to collect, and account returns.

**Requirement #6**: Provide written documentation that demonstrates firm’s experience in securing patient information & maintain HIPAA compliance. Legal issues regarding healthcare IT and data privacy and data storage in a cloud is concerned.

**Requirement #7**: The Offerors must be currently licensed and authorized to do business in the State of Georgia and the state where headquarters is located.
Provide written documentation demonstrating that firm meets the specific requirements below for Bad Debt collections:

Requirement #1: Provide at least three (3) references where your firm has provided successful bad debt collection services similar to those proposed for GHS. These references should demonstrate firm's experience in working with comparable sized public health systems (public, safety-net hospital in large urban community; 30% uninsured) within the last two (2) years. Must provide proof of one current Epic client.

Requirement #2: Provide written documentation that demonstrates at least ten (10) years of continuous bad debt collection program experience utilizing a systematic process including predictive dialing technology, statement series and strategically designed collections campaigns.

Requirement #3: Provide written documentation that demonstrates experience in computer systems interfacing with Epic Hospital Billing (HB) system. Must provide all software and/or hardware upgrades needed to interface with the GHS Epic system. Provide current copy of the bidding vendor's Epic Outsource Agreement.

Requirement #4: Provide written documentation that demonstrates your experience in performing eligibility verification of all third party insurers, as well as skip tracing.

Requirement #5: Provide written documentation that demonstrates firm's experience in generate reports providing operational statistics, such as account referrals, cash collections, aging since placement, average time to collect, statement dates, call volumes, average wait times, abandonment rate, payment plan activity, bad addresses identified, found insurance and account returns.

Requirement #6: Provide written documentation that demonstrates firm's experience in securing patient information & maintain HIPAA compliance. Legal issues regarding healthcare IT and data privacy and data storage in a cloud is concerned.

Requirement #7: The Offerors must be currently licensed as a bad debt collection agency and authorized to do business in the State of Georgia and the state where headquarters is located.

If the firm's proposal does not demonstrate firm's abilities by meeting our requirements above, your proposal will be deemed "non-responsive," and will not advance to the second phase of the evaluation/selection process.

SECTION 4: SPECIFICATIONS / DESCRIPTION

Grady Health System is seeking the services of three qualified Offerors that can provide dependable, efficient and effective procedures and services for bad debt collection of inpatient and outpatient self-pay accounts.

Grady Health System is seeking the services of three qualified Offerors that can provide dependable, efficient and effective procedures and services for the collection of bad debt accounts. The bad debt accounts will be placed at one hundred twenty-one (121) days after the account has aged through the self-pay environment. Any/all bad debt collection efforts should not be exhausted until the account is paid in full or until the account has been recalled from the collection agency.

Grady Health System is seeking the services of three qualified Offerors that can provide dependable, efficient and effective procedures and services for small balance collection of inpatient and outpatient accounts, excluding those with Medicare coverage.

The estimated annual total placement of accounts for Small Balance agency is listed below:

Grand Total of Commercial Accounts: 61,403
Grand Total Dollar Amount: $ 30,931,277.00
The estimated annual total placement of accounts per Bad Debt agency is listed below:

Grand Total of Uninsured Accounts: 268,580
Grand Total Dollar Amount: $257,270,450.00

There will be three qualified agencies that will be selected to share the placements based on an alpha-split.

§ 4-A Scope of Services

Small Balance:

1. Grady Health System is seeking the services of three (3) qualified collection firms to provide dependable, efficient and effective services for the commercial small balance collections of hospital services, physician, nursing home and EMS accounts (excluding Medicare, Camp Creek facility and physicians accounts). Accounts will be placed no earlier than 90 days after final bill date or approximately.
2. Length of collections cycle will not exceed ninety (244) days from placement date.
3. Commercial account balance equal to or less than $2,500.00.
4. Unpaid accounts will be returned to Grady at 245 days from placement with no active payment arrangements.

Bad Debt

5. Grady Health System is seeking the services of three (3) qualified collection firms to provide dependable, efficient and effective services for the bad debt collections of hospital services, physician, nursing home and EMS accounts. The self-pay accounts will be placed 120 days after final bill date.
6. Length of collections cycle will not exceed ninety (244) days from placement date. This excludes accounts on active payment plans.
7. Bad Debt account balances equal to or greater than $3.00.
8. Unpaid accounts will be returned to Grady at 245 days from placement with no active payment arrangements.

Total accounts placed for calendar year 2018 were approximately 268,580 accounts with balances exceeding $257 million. Average monthly placements will be determined based on patient volumes.

§ 4-B Submission Guidelines

Small Balances
Proposer(s) are required to include responses to the following in their submission:

1. Provide a schedule of fees and rates for hospital billing, physician billing, nursing home and EMS billing.
2. Provide a complete overview of your small balance collection system & process.
3. Describe how your company can meet the following needs of GHS’s Small Balance collection services:
   a) Improve hospital, physician, nursing home and EMS collections.
   b) The Offerors must be knowledgeable of any/all laws and regulations regarding insurance and collections in the State of Georgia.
   c) The Offerors must be knowledgeable of Medicare and Medicaid regulations and procedures, specifically in the State of Georgia.
   d) The Offerors must use attorneys licensed to practice in the State of Georgia, and satisfactory to GHS’s General Counsel to provide representation for claims filed on behalf of GHS.
   e) Samples of all correspondence that will be used in the collection process and a description timing and communications to insurance payors and patients. Must have a minimum of two GA based healthcare clients within the last 3 years.
Bad Debt

Proposer(s) are required to include responses to the following in their submission:

4. Provide a schedule of fees and rates for hospital billing, physician billing, nursing home and EMS billing.
5. Provide a complete overview of your bad debt collection system & process.
6. Describe how your company can meet the following needs of GHS’s Bad Debt collection services:
   a) Improve hospital, physician, nursing home and EMS collections.
   b) The Offerors must be knowledgeable of any/all laws and regulations regarding collections in the State of Georgia.
   c) The Offerors must be knowledgeable of Medicare and Medicaid regulations and procedures, specifically in the State of Georgia.
   d) The Offerors must use attorneys licensed to practice in the State of Georgia, and satisfactory to GHS’s General Counsel to provide representation for claims filed on behalf of GHS.
   e) Samples of all correspondence that will be used in the collection process and a description timing and communications to patients. Must have a minimum of two GA based healthcare clients within the last 3 years.

§ 4-C COLLECTION APPROACH

1. COLLECTION APPROACH
   1.1. What uniquely qualifies and differentiates you for providing the services outlined in this RFP?
   1.2. What steps do you undertake to allow for an accelerated reimbursement rate?
   1.3. Please share the current key performance indicators utilized by your firm. What are your current measurements as it relates to the business that you are bidding on?
   1.4. Please describe the technologies and methods used to accelerate the collection performance for the line(s) of business being bid upon. What services are separate billable, if any?
   1.5. Please provide a work flow summary, walking an account through placement with your company to completion, as well as other scenarios.
   1.6. Is your preferred method to work directly within the hospital’s host system, or within a separate system? What sort of balancing protocols are currently in place? What note files are available and will these be in both systems?
   1.7. Is there any reason you would not be able to pursue legal action in the jurisdictions where our Care Sites are located?
   1.8. Do you utilize dedicated teams of representatives for a given client, or do you employ a pooled approach? What is the experience level and composition of a typical dedicated team for a client like THIS HOSPITAL? What is your ratio of accounts per collector? Please answer for the delinquency stage you are bidding on. If you currently utilize different levels of dedicated vs. pooled resources, please describe the reasoning and tradeoffs as related to THIS HOSPITAL for each approach.
   1.9. Describe how your company measures results both at the corporate level, as well as how team managers evaluate collection activity and productivity? What is measured at the corporate level? Team level? Individual level?
   1.10. Describe your philosophy of balancing performance with patient satisfaction through the collection process. Please share practical examples of your workflow, call scripting, etc. that demonstrate your approach. How do you monitor and ensure patient satisfaction?
   1.11. Describe any creative approaches (please be specific) your firm uses to achieve collection objectives while enabling the patient to meet their financial obligations, while remaining within the legal boundaries of all applicable state and federal laws.
   1.12. What is your protocol for dealing with an upset patient or complaints? Describe your documented process
2. PEOPLE
2.1. Describe your client services program and how your client accounts are managed. How many accounts do your Account Managers service simultaneously?
2.2. Please describe your staff training program in detail, both for new hires and ongoing training.
2.3. Is your staff commission based? If so, please provide details of the program, if not please describe your compensation and bonus program.
2.4. What is the average tenure of your staff? What is your average turnover rate?
2.5. How many people do you anticipate needing to hire to service the THIS HOSPITAL account? How large an increase in staff does that represent for your firm? How will you scale to serve the anticipated volume of business and has your firm accomplished a similar increase in the past?
2.6. Out of which office would you plan to service the THIS HOSPITAL business should your proposal be accepted by THIS HOSPITAL?
2.7. What are your hours of operation from the office which will be servicing THIS HOSPITAL?
2.8. Do you work with other clients in significant patient populations within geographies of our Care Sites? If so, what advantages do you expect THIS HOSPITAL might realize from your existing presence in these areas? If not, based on actual experience, what disadvantages may this present and what actions have you taken to overcome those issues?
2.9. A “guarantee” of the number of FTEs working GHS accounts during the hours stated. A minimum of one (1) onsite FTE per vendor.
2.10. A description of the audit process that will be used to assure the appropriateness of patient contacts and the ability to assure that accounts are worked as contracted.
2.11. Ability to provide on-site customer service representative. The cost of this representative and all fees associated with providing this representative shall be borne by the proposer

3. TECHNOLOGY
3.1. Describe your information security protocol and data encryption methodology
3.2. Do you have any plans to replace any of your critical collection systems (e.g., workflow, dialer) over the next 3 years? Please list the systems you are currently using and if applicable those systems you are planning to use in the future.
3.3. What vendors do you utilize for insurance eligibility, skip tracing, credit scoring, credit reporting, asset searches and legal program?
3.4. Do you utilize a direct dialing system?
3.5. Do you record all phone calls? Will you make them available on request within 24 hours?
3.6. Do your representatives have access to your client’s patient accounting systems at the desktop?
3.7. Do you have experience with EPIC? If so please provide describe your level of experience.
3.8. Can you provide custom reports that THIS HOSPITAL may want?
3.9. Do you establish automated credit card deductions and checking account deductions for payment plans to reduce terminations?
3.10. Describe your methods to monitor payment plans.
3.11. Documentation to support that ALL accounts will receive a minimum of 2 statements including a final notice before placing policy with credit reporting agency.
3.12. Criteria used for the cancellation, return or close of accounts.
3.13. Procedures used to apply payments and/or collection activity notes to the proper account. A description of the audit process that will be used to assure the appropriateness of patient contacts and the ability to assure that accounts are worked as contracted.
3.15. Are you able to collect patient payments under the Hospital established merchant identification.
3.16. Ability to submit payments to GHS lockbox.
3.17. Provide a project implementation plan and timeline, including any interface and/or technical requirements that must be supported by GHS
Sample Reports
1. Acknowledgement Reports
2. Account Inventory Listing
3. Performance Reports
4. Close and Return Reports
6. Monthly reconciliation of new accounts, closed account, recovered accounts and total collections.
7. Monthly Collection Activity
8. Statement Language and Mailers (all correspondence must be able to include scan line)

Technical Capabilities
1. FTP server with valid IP address and FTP site to receive FTP files
2. Description of technology platform, including accounting, dialer and phone systems.
3. Description of web-based technology solutions available to GHS’ customers

Customer Service
1. Describe your customer service support center, including your ability to provide multi-lingual services, location of call centers, hours of operations, etc.
2. How do you monitor customer service?
3. What is your procedure for handling customer complaints?
4. Describe the following:
   a) How complaints are escalated to assure resolution.
   b) How complaints are tracked and communicated to the client.

§ 4-D Term

The Term of the agreement shall be three (years) with the option to cancel with or without cause. Renewals must be agreed by both parties in writing with a two (2) year maximum renewal agreement.

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 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.

§ 5-D 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 Offeror’s scope of services/technical Proposal.

SECTION 6: REPRESENTATIONS AND INSTRUCTIONS

§ 6-A-1 Response Guidelines

The information required by this RFP is comprehensive and necessary for accurate Offeror 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, six (6) printed copies and six (6) USB drive. Additionally, one (1) original hard copy, six (6) printed copies and six (6) USB drives of the Cost Proposal must be submitted under a separate cover along with the proposal response. 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 Offeror. 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 and the name of the company submitting the Proposal on the outside of the container. All responses to the RFP must be delivered to Ivan Mann, Senior Resource Specialist no later than March 8, 2019 @ 2:00 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 Offeror. All documents submitted will become the property of GHS unless otherwise requested in writing by Offeror at the time of submission. Further, any materials submitted by Offeror that should be considered “CONFIDENTIAL” must 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

Offerors are forbidden to contact, directly or indirectly anyone other than Ivan Mann, Senior Resource Specialist. Ivan Mann is the sole point of contact for this RFP during the RFP process. Contact with any person other than Ivan Mann is grounds for disqualification from this process. Offerors are also strictly forbidden to attempt to influence, through internal or external third party sources the outcome of this RFP. Your submission to 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 RFP.

Failure to comply with any of the above stated guidelines may result in immediate disqualification. If you have any questions regarding this RFP, email your questions/concerns to Ivan Mann, Senior Resource Specialist at imann@gmh.edu.

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

Compliance with GHS terms and conditions are required for any Offeror selected to provide goods, equipment, or services by the awarding of any RFP.
§ 6-A-4 RFP Completion Instructions:

**Acceptance of Offerors 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 Offeror. Representations made within the Proposals will be binding on responding Offeror. Offeror responses should be written in a concise and forthright manner. Offerors 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.

**Offeror 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 Offerors. The Offeror(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 Offerors may be invited to participate in oral presentations.

**Full Right of Selection and Rejection:** The right to reject in its entirety or to select an Offeror 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 Offeror 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-disclosed to the extent provided by the Georgia Open Records Act. The Offeror 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 Offeror of any third party request for disclosure of such information pursuant to the Georgia Open Records Act or as may be otherwise made to GHS.

If the Offeror requests that such information be held confidential and not disclosed by GHS, the Offeror 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 Offeror does consider the Proposal or any portion thereof to contain confidential information, it shall submit a letter on the Offeror’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 Offeror 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 Offeror’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 Offeror and/or its principles appear on the OIG list, GHS reserves the right to reject the Offeror’s Proposal and refuse award of a contract.

**Notice of Award:** The notice of award is issued by the Resource Management Department confirm RMD-. Unsuccessful Offerors shall be notified in writing, after award has been made.
SECTION 7: SUPPLIER DIVERSITY

It is an overall objective of GHS to encourage involvement by Diverse Business Enterprises as 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 Diverse Business Enterprises through all business contracting opportunities. GHS is committed to ensuring that Diverse Business Enterprises are given every opportunity to participate in contracting opportunities.

In adherence to GHS's commitment to Supplier Diversity, Solicitors of a GHS contract must clearly as defined by GHS herein, demonstrate good faith effort to achieve the Supplier Diversity goal set forth. By the documentation of Direct and/or Indirect Tier II goods and/or services to be purchased from Diverse Business Enterprises certified by one (1) or more of the third party certification agencies recognized by GHS. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring, Contracted GHS Suppliers will be required to report Diverse Supplier Spend to GHS monthly in a manner in GHS's sole discretion. In addition, a copy of reported Diverse Supplier spend, must be attached with the submission of any invoices to GHS. Failure to demonstrate the defined Good Faith Effort to achieve GHS's Supplier Diversity goal, objectives, or to report in a manner prescribed by GHS, shall be a material breach of any controlling contract between GHS and Contractor or vendor.

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 Supplier Diversity Goal for this Solicitation is 25% of the contract value

GHS® expects that the policies, programs and practices of its vendors/Contractors are carried out in an equitable fashion and that Certified Diverse Business Enterprises are afforded an equitable opportunity to share in contract/subcontract opportunities.

Vendors interested in doing business with GHS® are required to sign the Certification below and complete the Supplier Diversity Section in its entirety and submit it with their bid response.

**Past Performance:** Offeror shall (1) summarize in writing its past performance for client healthcare institutions in actively fostering the participation of Diverse Business Enterprises utilized by the institution, (2) provide three (3) or more client references for this purpose for whom it has provided applicable service to 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:** Offeror shall submit in writing its present commitment and business plan to facilitate and promote the participation of Diverse Suppliers by completion of the attached Diverse Supplier Subcontracting Plan (DSSP). Diverse Business Enterprises utilized as Tier II contractors and suppliers must be certified by one or more of the 3rd Party Certification Agencies recognized by GHS.

**Post-award performance:** The specific, measurable performance criteria included in the Proposal for present commitment to Diverse Suppliers shall, subject to negotiation and mutual consent, become part of the awarded contract as specific, measurable requirements of vendor performance for the duration of the contract. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Vendor will be required to report to GHS monthly, in a manner in GHS's sole discretion, all direct and/or indirect certified spend with Diverse Business Enterprises.
Definition: Diverse Business Enterprise's

(MBE) National Minority Supplier Development Council: A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is 51% owned, operated and controlled by minority group members, defined from the following:

Asian-Indian - A U.S. citizen whose origins are from India, Pakistan or Bangladesh.

Asian-Pacific - A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.

African American - A U.S. citizen having origins in any of the Black racial groups of Africa.

Hispanic - A U.S. citizen of Hispanic heritage, from any of the Spanish-speaking areas of the following regions: Mexico, Central America, South America or the Caribbean Basin only.

Native American - A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part.

(WBE) Women's Business Enterprise National Council: A Woman-Owned Business Enterprise is an independent business concern that is at least 51% owned and controlled by one or more women who are U.S. citizens or Legal Resident Aliens; whose business formation and principal place of business are in the US or its territories; and whose management and daily operation is controlled by one or more of the women owners.

(LGBTBE) National Gay and Lesbian Chamber of Commerce: Includes businesses physically located in the United States or its trust territories that are at least 51 percent unconditionally owned and operated by at least one lesbian, gay, bisexual and/or transgender (LGBT) person or persons who are either U.S. citizens or lawful permanent residents. In addition, they must exercise independence from any non-LGBT business enterprise.

U.S. Small Business Administration:

(DBE) Small Disadvantaged Business - A small business that is at least 51 percent owned, operated and controlled by one or more individuals who are both socially and economically disadvantaged.

HUB Zone Business - A small business operating in a "Historically Underutilized Business Zone." HUB zones are defined at http://map.sba.gov/hubzone/init.asp

Veteran Business Enterprise:

(VBE) Veteran-Owned Business - A small business that is at least 51% owned, operated and controlled by one or more veterans.

(DVBE) Service-Disabled Veteran-Owned Business - A small business that is at least 51% owned, operated and controlled by one or more veterans with a service-connected disability.
### BUSINESS IDENTIFICATION AND NONDISCRIMINATION

**TO BE SUBMITTED WITH BID**

<table>
<thead>
<tr>
<th>Small Business as defined by the US. Small Business Administration (DBE, SBE, HubZone)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority Business Enterprise (MBE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please indicate the percentage of minorities who own, control or operate your company:

<table>
<thead>
<tr>
<th>African American</th>
<th>%</th>
<th>Asian American</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>%</td>
<td>Pacific Islander</td>
<td>%</td>
</tr>
<tr>
<td>Native American</td>
<td>%</td>
<td>Other</td>
<td>%</td>
</tr>
</tbody>
</table>

**WOMAN-OWNED BUSINESS ENTERPRISE (WBE)**

**DISABLED VETERAN BUSINESS ENTERPRISE OR VETERAN BUSINESS ENTERPRISE (DVBE, VBE)**

**IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE?**

If yes, please give the certifying agency and include a copy of your current certification with your bid response. The 3rd party certifying agencies recognized and accepted by GHS are included.

**LOCAL SMALL BUSINESS**

If yes, please indicate in which county your company is located?

- DeKalb
- Fulton
- Business location in both counties
- Other

---

### PART II - NONDISCRIMINATION POLICIES AND PROCEDURES

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions.</td>
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<tr>
<td>Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?</td>
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<tr>
<td>Do you notify all recruitment sources in writing of your company's Equal Employment Opportunity/Affirmative Action employment policy?</td>
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<tr>
<td>Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer?</td>
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<tr>
<td>Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination?</td>
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<tr>
<td>Does your company have a collective bargaining agreement with workers? If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers?</td>
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<tr>
<td>Does your company, at least annually, maintain a written record of and review the Equal Employment Opportunity policy and Affirmation Action obligations with all employees including those having any responsibility for employment decisions?</td>
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<tr>
<td>Do you conduct, at least annually, an inventory and evaluation of minority and female personnel for promotional opportunities and encourage these employees to seek, train and prepare for such opportunities?</td>
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<tr>
<td>Do you conduct, at least annually, a review, of all supervisors’ adherence to and performance under the vendors, and Contractor’s Equal Employment Opportunity policies and Affirmative Action obligations?</td>
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<tr>
<td>Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address.</td>
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Please explain any no answers, use additional paper as necessary:

**Authorized Representative Signature:**

**Date:**
DIVERSE SUPPLIER SUBCONTRACTING PLAN (PROGRAM MANAGEMENT)
(TO BE SUBMITTED WITH BID)- SUPPLIER DIVERSITY

The following are questions concerning the efforts your company will make to ensure that Diverse Supplier’s will have an equitable opportunity to compete for lower tier subcontracts associated with the Grady Health System agreement:

What product/service areas do you envision the inclusion of Diverse Suppliers and how is this determined?
______________________________________________________________________________________________________________________________________________________________

How are Diverse Supplier capabilities determined by your company?
______________________________________________________________________________________________________________________________________________________________

How will you ensure the maximum possible inclusion of Diverse Suppliers in all of your purchasing solicitations (i.e. Request for Proposals, Request for Information, and Request for Quotes, etc.)?
______________________________________________________________________________________________________________________________________________________________

How will your company ensure that Diverse Suppliers are made aware of upcoming subcontracting opportunities and how will you prepare them to respond appropriately?
______________________________________________________________________________________________________________________________________________________________

How will you monitor your company’s Diverse Supplier subcontracting performance to this agreement and make any adjustments to achieve the subcontracting plan goals?
______________________________________________________________________________________________________________________________________________________________

Will your Diverse Supplier subcontracting administrator:

Yes / No

_____ Develop and maintain bidders’ lists of Diverse Suppliers from all possible sources

_____ Oversee the establishment and maintenance of your company’s contract and subcontract award records associated with this Grady Health System agreement?

_____ Conduct or arrange the training of your company’s purchasing personnel on the Grady Health System agreement goals and processes to achieve this goal?

_____ Review purchasing solicitation documents to remove statements, clauses, etc. which may tend to prohibit Diverse Supplier participation

_____ Screen proposed purchasing solicitation documents for subcontracting opportunities and implement appropriate procurement policies and procedures to improve and increase opportunities to Diverse Suppliers

_____ Introduce Diverse Suppliers to company purchasing personnel based on commodity or service in which these vendors may have a mutual or potential concern

_____ Maintain records demonstrating that procedures have been adopted and implemented to comply with the reporting requirements and supplier diversity goals within the Grady Health System

_____ Prepare and submit monthly, required Diverse Supplier reports to Grady Health System?

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DIVERSE SUPPLIER SUBCONTRACTING PLAN (DSSP) PG.2
(DIRECT SUPPLIER DIVERSITY REPORTING - TO BE SUBMITTED WITH BID)

In adherence to GHS’s commitment to Supplier Diversity, GHS suppliers must clearly as defined herein demonstrate good faith effort, for Tier II direct goods and/or services to be purchased from Diverse Business Enterprises certified by one or more of the 3rd party certification agencies recognized by GHS. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Contracted GHS Suppliers will be required to report to GHS monthly, in a manner in GHS’s sole discretion, all direct spend with Certified Diverse Business Enterprises. The Supplier Diversity Goal for this Solicitation is 25% of the total contract value.

Company Name:____________________ Agreements Term:________________________
GHS Business Unit:____________________ GHS Business Unit Contact Name:__________
Phone Number:______________________ Vendor Contact e-mail:____________________

Description of goods/services provided under this primary agreement (include name of project if applicable):

Who will be responsible for coordinating your company’s Diverse Supplier subcontracting activities during the period of this contract?

Name/Title:________________________________ Company:______________________________
Address:________________________________ Phone:______________________________
Fax:____________________________________ E-Mail Address:________________________

State the total dollar value planned to be subcontracted associated with this GHS agreement:

Please list all of the GHS Accepted 3rd Party Certified Diverse Suppliers you have identified that will serve as Direct
Tier 2 Subcontractors associated with this GHS project and the projected spend amounts with each company:

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
<th>E-Mail</th>
<th>Certification Type</th>
<th>Business Classification (Product/Service)</th>
<th>Direct Projected Spend in Dollars</th>
<th>Direct Projected Spend by Percentage</th>
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Submitted by:

Authorized Representative Signature __________________________ Title ________________________

Date __________________________
CERTIFICATION OF EFFORTS
(TO BE SUBMITTED WITH BID) – SUPPLIER DIVERSITY

Vendor: ______________________________

Solicitation Name: ____________________ Solicitation Number: ____________________

I certify that the following efforts were made to achieve Certified Diverse Supplier participation.

a) Provided written notices to certified diverse business enterprises who have the capability to perform the work of the contract or to provide the service. Yes No

b) Direct mailing, electronic mailing, facsimile or telephone requests. Yes No

c) Provided interested certified diverse business enterprises with adequate information about plans, requirements and specifications of the contract in a timely manner to assist them in responding to a solicitation. Yes No

d) Allowed certified diverse business enterprises the opportunity to review specifications and all other solicitation related items at no charge, and allowed sufficient time for review prior to the bid deadline. Yes No

e) Acted in good faith with interested certified diverse business enterprises, and did not reject certified diverse business enterprises as unqualified or unacceptable without sound reasons based on a thorough investigation of their capabilities. Yes No

f) Did not impose unrealistic conditions of performance on certified diverse business enterprises seeking subcontracting opportunities. Yes No

g) Additionally, I contacted the referenced certified diverse business enterprises and requested a bid. The responses I received were as follows:

<table>
<thead>
<tr>
<th>Name and Address of certified diverse business enterprises</th>
<th>Type of work and Contract Items, Supplies or Services to be Performed</th>
<th>Response</th>
<th>Reason for Not Accepting Bid</th>
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</table>

(If additional space is required this form may be duplicated)

If applicable, please complete the following:

I hereby certify that certified diverse business enterprises were “Unavailable” or “Unqualified” to submit bids to provide goods and services for this Solicitation response. I further certify that efforts have been made to establish “Joint Ventures”, and said entities were also unavailable at this time.

Reasons for the “Unavailability” or being determined “Unqualified”;

Submitted by:

Authorized Representative Signature ________________________________

Title ________________________________

Date ________________________________
STATEMENT OF INTENT

TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS

(TO BE SUBMITTED WITH BID)- SUPPLIER DIVERSITY

Vendor: __________________________

Solicitation Name: ________________________ Solicitation Number: ________________________

____________________________ agrees to enter into a contractual agreement with

Prime Supplier

____________________________, who will provide the following goods/services

Joint Venture Partner/Subcontractor/Consultant

in connection with the above referenced Solicitation as a certified diverse business enterprises:

____________________________

____________________________

____________________________

for an estimated amount of $________________________ or ____________________% of the total contract value.

Prime Supplier

____________________________

Joint Venture Partner/Subcontractor/Consultant

Intend to work together in accordance with this Contract Compliance Section of the bid, contingent upon award and execution

of a contract with Grady Health System with to the aforementioned Prime Supplier.

I hereby certify that this statement is true and correct:

Prime Supplier Signature: _________________________________ Joint Venture/Subcontractor/Consultant Signature: _________________________________

Print Name: __________________________ Print Name, Title and Date: __________________________

Title: __________________________ Address: __________________________

Date: __________________________ Phone : __________________________

Fax: __________________________
SUPPLIER DIVERSITY CERTIFICATION:

I certify that the statements made by me in this Supplier Diversity 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 ____________________________
APPENDIX A: REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS
**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#190021M). The undersigned further certifies that he/she is legally authorized by the Offeror 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 Offeror makes any knowingly false statements, or if there is a failure of the successful Offeror (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 Offeror’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 Offeror 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

FEE PROPOSAL

Fee quotes should include all services discussed herein, as well as any other costs which GHS may reasonably be expected to pay in connection with the contract.

If anything is excluded from your quote, it should be clearly identified and specifically addressed. Please provide a copy of your proposed contract.

Offeror’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 Offeror 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)

COST MUST BE SUBMITTED UNDER SEPARATE COVER AS INSTRUCTED
APPENDIX C: SOLICITATION/CONTRACT FORM

REQUEST FOR PROPOSAL NUMBER: RFP#190021M

RFP DESCRIPTION: BAD DEBT COLLECTION SERVICES

PROPOSAL RESPONSES MUST ARRIVE NO LATER THAN March 8, 2019 @ 2:00 PM. EST.

NOTE: Mark the outside lower-left corner of your submission with the RFP number shown above.

This document contains 22 pages. Questions regarding RFP#190021M should be directed to Ivan Mann no later than February 25, 2019 @ 2:00 PM. EST

You are invited to submit your Proposal for the services listed within this RFP. Responses must arrive at:

<table>
<thead>
<tr>
<th>DELIVERY ADDRESS</th>
<th>MAILING ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grady Health System</td>
<td>Grady Health System</td>
</tr>
<tr>
<td>Procurement Department</td>
<td>Procurement Department</td>
</tr>
<tr>
<td>50 Hurt Plaza, Suite 1300</td>
<td>50 Hurt Plaza, Suite 1300</td>
</tr>
<tr>
<td>Atlanta, GA 30303</td>
<td>Atlanta, GA 30303</td>
</tr>
</tbody>
</table>

*NOTE: FAXED RESPONSES WILL NOT BE ACCEPTED.

Executive Director
Procurement and Strategic Sourcing: [Signature] DATE: 3/4/19

PLEASE BE ADVISED: Offerors 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:

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

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