



REQUEST FOR INFORMATION

AGENCY:	Purchasing Division	RFI NO.:	A0720709F1
TITLE:	Medicaid Billing Interface Software		
CONTACT:	Broward County Purchasing Division		
Name:	Danea Cohen		
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Posted:	April 29, 2009		
Due Date for Receipt of Information:	<u>May 8, 2009, before 5:00 P.M.</u>		

This is a Request for Information (RFI) - this is not a request for competitive pricing or a commitment for the County to purchase. The purpose of this RFI is to gather information. No award will be made based on the results of this process. Any procurement by the County will be the subject of a separate process and subject to budget approval.

This description of commodities or contractual services will remain posted on the Purchasing Division's website at www.broward.org/purchasing for a period of seven (7) calendar days. It is important that responses be submitted by date and time indicated above.

COMMODITY OR SERVICE REQUIRED

Local Government Enterprise System Software: **Off-the Shelf** Web-based Medicaid Billing Interface Software that is a "**run-time environment**" used to interface with Agency for Health Care Administration billing website and for management of County's share of Medicaid billing.

This "off-the shelf" Medicaid Billing Interface Software **must**:

- Be compatible with Agency for Health Care Administration (AHCA) new web-based billing format
- Include all customizations and enhancements required to interface with AHCA should any changes occur with AHCA new web-based billing format
- Allow County to enter Certificate of Residency (COR) information for each client
- Be capable of downloading and uploading Medicaid bills currently generated for AHCA, as well as the COR electronic files currently available from AHCA via the Department of Children and Families



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- Be able to detect and reject duplicate payments for each client
- Be able to reconcile County Medicaid online billing as opposed to only submitting claims for Medicaid payments
- Provide greater ease of distributing the appropriate charges for which the hospital districts are liable for payment

Terms:

- One Year Software License
- Web-based "off-the shelf" software, compatible with the State of Florida Statutes, the Medicaid County Billing components and other local area government for sharing of data

Requester:

William Beeda
Human Services Department
115 S. Andrews Avenue, Rm 212
Fort-Lauderdale, FL 33301
Phone No.: (954) 357-5445

Known Sole Source: APPX Software, Inc.

JUSTIFICATION FOR SOLE SOURCE ACQUISITION

APPX Software, Inc. is the sole developer, designer and provider of the Run-Time Environment Medicaid Billing Software. Hence, the only source that provides Medicaid Interface that is compatible with Agency for Health Care Administration new web-based billing format which the County requires to effectively handle its share of the Medicaid billing.

In addition, APPX's software is available "off-the shelf" and requires minimal configuration thus, providing the agency with immediate benefits as opposed to having to develop the software from scratch. Their software requires minimal County and/or vendor staff assistance.



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PROSPECTIVE VENDORS

Prospective vendors are requested to provide information regarding their ability to supply the Medicaid Interface Software described. All vendor responses will be evaluated by the Using Agency which will be the sole determinate power in establishing the approved equal status of the Software offered by the vendor. If it is determined in writing by the agency, after reviewing any information received from prospective vendors, that the Software is available only from a sole source, the agency shall:

1. Provide notice of its intended decision to enter into a sole source purchase contract to the Director of Purchasing.
2. Request approval from the Director of Purchasing for the sole source purchase up to the award authority of the Director of Purchasing or further request the Director of Purchasing to process the appropriate documents for Board approval.
3. Issue a Request for Quotation to the sole source vendor for submission to the Purchasing Agent for processing and approval by the appropriate award authority.

Company Name: _____
(Print)

Company Address: _____

(Print)

Contact Name: _____
(Print)

Phone Number: _____ Fax Number: _____

Email Address: _____