

**CITY OF MARIANNA
COMMISSION AGENDA MEMO
March 5, 2019**

ITEM# _____

MARIANNA HEALTH & REHABILITATION CENTER
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Subject: Billing Services for Marianna Health & Rehabilitation Center.

Subject Background: At the February Commission meeting, the Commission approved advertising for request for proposals for billing services for Marianna Health & Rehabilitation Center.

Detail: Two request for proposals were received. The committee created by the Commission ranked the proposals received. The committee ranked the proposals received in the following order:

- 1. Health Care Professional Consulting Services, Inc.
- 2. BottomLine Solutions, LLC

Recommendation: The committee recommends the proposal from Health Care Professional Consulting Services, Inc. be approved for billing services for Marianna Health and Rehabilitation Center.

Potential Motion: I move to approve the proposal from Health Care Professional Consulting Services, Inc. for billing services for Marianna Health and Rehabilitation Center per recommendation of the Administrator and Board of Trustees.

Prepared by: Melinda Gay, Administrator	Approved for Agenda by:
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RECEIVED FEB 21 2019

CITY OF MARIANNA
MARIANNA HEALTH AND REHABILITATION CENTER
REQUEST FOR PROPOSAL – BILLING SERVICES

HEALTH CARE PROFESSIONAL CONSULTING SERVICES, INC
DBA HCPCS, INC.

FIEN 56-2396603

4007 Baldwin Drive, Sebastian, FL 32976

(561) 262-7534

Julie Ann Kemman

jkemman@hcpcsconsulting.com

Proposal dated February 12, 2019



JHCPCS
Health Care Professional Consulting Services, Inc.

Company History:

Health Care Professional Consulting Services, Inc. dba HCPCS, Inc. was incorporated August 28, 2003 as an S-Corp and registered with Florida Department of State Division of Corporations. The owner and president Julie Ann Kemman proves to have an extensive history in the post-acute and long term care skilled nursing facility healthcare (SNF) space. Julie is very passionate about making a difference as her mother passed away during her high school years in a nursing home. In 1991 she began her career with Health Care Retirement Corporation, Inc (HCR) and through the merger with ManorCare holding a variety of positions including but not limited to; business office manager, collection specialist, regional and divisional financial services consultant, assistant administrator and director of managed care before making the transition in 2005 to operating her own company that provides financial and billing related services. Health Care Professional Consulting Services, Inc. was established to support and service private, non-profit, management companies and small corporations with the objective to provide business systems and financial operation support for skilled nursing facility providers. The organization has never had any litigation or lawsuits filed against the corporation or any principals in Florida, any other state or federally and has general and professional liability insurance through Landmark American Insurance Company. The following outlines services provided by the staff of the organization:

- I. **Support Services**
 - a. **Interim and long-term Billing Services.**
 - b. **Interim Billing or Business Office Staff.**
 - c. **Billing system training and best practices for efficiency.**
- II. **Business Administration**
 - a. **Policy and procedures writing and re-engineering for rule changes.**
 - b. **Departmental organization and standardization with job descriptions.**
 - c. **Internal Control Assessment to review current systems/practices.**
 - d. **Managed Care contracting support.**
- III. **Business System Informatics**
 - a. **Evaluation of current software utilization and payer configuration expertise.**
 - b. **Software selection user scoring tool.**
 - c. **Training for most billing and general ledger software systems.**
- IV. **Training**
 - a. **State Medicaid billing guidelines**
 - b. **Medicare billing coding and practices in addition to problem claims including MSP cases.**
 - c. **Managed Care and Case Management.**
 - d. **Compliance related topics.**
- V. **Compliance**
 - a. **Review of billing practices based on guidelines for all payers.**
 - b. **Review of business financial operations including accounts payable and payroll support.**

- c. Training on billing compliance topics including HIPAA, National Uniform Billing Guidelines, PPS/PDPM, required Notices (NoMNC, ABN's) and various business system or financial topics.

Partial or Fully Outsourced Billing Model ROI:

1. Limiting bad debt expense.
2. Maintaining industry appropriate AR Days Sales Outstanding (DOS).
3. Timely revenue cycle management and consistent cash flow.
4. Confidence of highly experienced subject matter experts that focus on efficient practices.
5. Appeal Management tools and support.
6. Reduce in-house FTE labor hours with overhead to purchase service expense.

HCPCS, Inc. has a team of five full-time and one part-time highly experienced professionals that have extensive backgrounds within the business and finance office for skilled nursing facilities who report to Julie. Additional staff are in the process of being onboarded to meet the growing needs within the skilled nursing arena. Denise Couture has been in long term care since 1984 starting in the admissions office then working within the business office and regional support level positions at HCR ManorCare. Denise previously worked for PointClickCare and holds a PointClickCare Certification for the software configuration, training and implementation as a subject matter expert providing support to post-acute providers throughout the country since HCPCS, Inc. is a PointClickCare Partner. In addition, Denise supports HCPCS, Inc. customers with a focus on configuration, updates, training and/or billing services. Denise has been with HCPCS, Inc. since 2012 while both her and Julie would be the proposed designated staff members to manage Marianna Health and Rehabilitation Center billing service needs.

Thank you for the consideration of this Request for Proposal and documents contained herein as we look forward to the opportunity to serve your community and organization.

HEALTH CARE PROFESSIONAL CONSULTING SERVICES, INC.

REQUEST FOR PROPOSAL

For Billing Services & Accounts Receivable Management

4007 Baldwin Drive, Sebastian, FL 32976

(561) 262-7534

Julie Ann Kemman

jkemman@hcpcsconsulting.com

OVERVIEW

Health Care Professional Consulting Services, Inc. dba HCPCS, Inc. is pleased to submit this proposal for services to support Marianna Health and Rehabilitation Center (MHRC) in achieving its goals related to collecting the outstanding accounts receivable balances and maintaining the monthly billing cycle through outsourced services. This will be completed by providing timely follow up, rebilling, collection calls, claim monitoring with the expertise and skills we possess for handling the billing and collections for all payers. We currently handle similar matters for organizations related to managing billing and receivables, managed change of ownership and divested ownership of skilled nursing facilities while managing receivables to the point of full collection. We have a proven track record in the industry for providing consulting services related to revenue cycle management and financial operations.

Considerations & Recommendations

It is required that A/R software access is would be granted for designated HCPCS, Inc. staff in order to access and utilize the functionality related to billing and collections practices. The current software system would continue to be populated and maintained for all admission, discharges, and room and payer changes as a standard for maintaining census and accurate demographics related to all resident activity by the internal staff. Related to the outstanding accounts receivables, it is important to understand that balances close to or greater than 365 days are at risk for bad debt based on filling limit requirements. There are various considerations to be made as follows:

- Medicare DDE assess would be required for claim monitoring and collection follow up related to Part A and Part B payers. This would simply be a request to First Coast Service Options, Inc. or the Medicare Administrative Contractor to request the provider PTAN is linked to the consultants' current login credentials. In addition, the eSolutions or ABILITY account access under your organization would be required in order to submit the electronic 837i files, and download the 835i remittance files. This would simply be an email request from your organization to that third party to provide access under your provider account.
- Florida Medicaid web portal credentials would be required to access and/or monitor DCF provider view for recipient application, approvals, patient responsibility, in addition to claim processing to handle billing or retro approvals, rebilling and other related collection matters. This includes the need to access to the Statewide Medicaid Managed Care LTC plan web portals and AVAILITY for billing and verification purposes as well.
- Coordination with a designated staff member would be required related to the Triple Check Pre-billing protocols to ensure compliance each month prior to submission of Medicare Part A and Managed Care claims. The purpose of this would be to confirm the MDS assessment status as 'accepted' which populate the Resource Utilization Grouper (RUG) for billing and revenue generation and to validate all change of therapy, end of therapy and start of therapy assessments that may impact prior period billing following the current policies as well as Medicare guidelines and regulations.

- Facility is responsible for determining medical necessity and appropriateness of care level and services provided. In addition, facility will maintain complete and accurate medical record documentation and determine the resident/patient payer type and maintain the software system with up to date information. The diagnosis coding and sequence of coding in addition to physician certification(s), orders, plan of treatment/care plans and assignment of benefits will be properly documented and maintained by the provider.
- Our team will assist facility designee or internal staff to settle any disputes regarding charges billed on patient accounts.
- It is required to continue to maintain clear segregation of duties related to banking procedures and to have payments posted as cash receipts batch within the A/R system within 48 hours for timely collections protocols to be followed. If you wish for our staff to post payments, we would then coordinate receiving payment details after funds have been deposited to the bank or act as backup during PTO or other circumstances.
- If or when additional documentation requests are made from a payer such as Medicare then notification will be made to the facility designee or to consultant designee for proper coordination. Tracking tools should be utilized to ensure compliance with the request and timeline and completeness of records to mitigate bad debt. We will also aid, support and direction for subsequent level appeals when necessary.
- I would need to further discuss and understand the current timeline of when ancillary charges are received each month, what date the Private Statements are mailed and when month end close is completed and by whom. I will request to review the facility billing policies and procedures and all managed care contracts upon acceptance of this proposal. In addition, an audit should be completed to review compliance with PASRR form (regulation is in effect and Medicaid should not be billed if this form is not on file as complete for each Medicaid recipient).
- Further discussion and coordination would be required to determine who completes the month end close process.

Billing Cycle

- Medicaid claims would be processed and submitted no later than the 2nd business day of each month, after email confirmation from provider staff that the census has been reconciled. These claims would be generated in PointClickCare and then submitted electronically and/or via web portals. Electronic submissions will be established for all applicable Statewide Medicare Managed Care (SMMC LTC) plans if not currently in place.
- Medicare claims are submitted in up to three batches for the prior month after the Pre-billing Triple Check compliance validation meeting(s) with the interdisciplinary team are complete, claim exception form is forwarded to billing designee and all ancillary charges for the month are posted. The MDS assessment details from PointClickCare populate the RUG and assessment modifiers from an 'Accepted' status as per the CMS Validation Report and confirmed by MDS designee. The same is required for the Managed Care claims. Medicare claims typically pay to the provider within 14 days of transmission while Managed Care claims can be up to 30 days or more.

The Solution

- Dedicated resources provided by Health Care Professional Consulting Services, Inc. would begin based on an established and agreed upon start date and continue ongoing until such time that services are no longer necessary and proper notification is provided.
- To effectively manage the billing and collection cycle for all accounts receivable payers and balances as of the set transition 'go live' date. This includes confirmation for receipt of full payment related to health care services rendered by provider. Partial payments on accounts will be researched with proper next steps executed including but not limited to collection calls, appeals, re-billing or other appropriate practices. Individual notes will be made in the PointClickCare system for each account outlining steps taken, follow up and next action date.
- Each account on record as of the transition will have collection calls immediately initiated and documentation for steps followed or next steps posted, executed and monitored in the A/R system and Point Click Care Collection

module. This would be initiated for all dates of service and will start upon execution of the agreement. The billing for dates of service will begin with claim submission for each payer and following the applicable payer reimbursement standard timeframe outlined.

- Routine and assertive collection follow up including collection letters, appeal requests and other standard practices for all payers will be immediate and ongoing.
- On a weekly basis, a detailed report of outstanding accounts receivable will be provided to document work in progress. On a monthly basis, additional billing and collection reports and/or graphs will be provided as requested and agreed upon.

OUR PROPOSAL

Marianna Health and Rehabilitation Center (MHRC) has a well-deserved reputation for quality and customer service. We understand the potential need for a outsourced billing model. Therefore, per your request I have developed this proposal with your best interest in mind to have the focused and dedicated resources to quickly and efficiently collect the payments due for the care provided by the organization and handle the monthly revenue billing cycle.

I have developed this strategy and solution to help with understanding the revenue and collection cycle in addition to making recommendations and bringing other considerations to the top of your mind. This proposal and solution allow you to have comfort in the fact that we are dedicated to cycling through the accounts and swiftly initiating the processes related to resolving the outstanding balances while maintaining timely billing and cash management. Most importantly, we are dedicated to collecting any outstanding receivables as quickly and effectively as possible while also providing ongoing billing support for all payers.

Execution Strategy

Our execution strategy incorporates proven methodologies, extremely qualified personnel, and a highly responsive approach to managing the outstanding accounts receivables related to billing and collections. In the previously mentioned areas and the expected results area below you will find more information with regards to this project in addition to the following:

- Execute the Consulting Agreement and Business Associate Agreement.
- Determine the timeframe for the billing transition and hand off to our organization and then proceeding with communication and mapping the plan.
- Grant user access to the PointClickCare with the required roles to complete tasks.
- Grant user access within eSolutions or ABILITY related to Medicare payer, AVAILITY login for Managed Care, and other individual payer web sites like AARP in addition to the Medicaid web portals mentioned previously.
- Submit requests and gain user login access to Medicare FISS DDE system via the Medicare Administrative Contractor, Florida Medicaid web portal and the Managed Medicaid plans (may take up to 2 weeks). This is completed after receiving the NPI, PTAN (Medicare provider number) and Tax ID number and in some cases having form(s) signed by assigned designee or authorized official.
- Medicare claims will be monitored via the FISS DDE system to have visibility for processing status, payment and any potential need for rebilling or return to provider corrections on complex cases such as Medicare Secondary Payer circumstances.
- Medicaid web portals will be monitored and utilized to have visibility for processing status, payment, and any potential need for rebilling purposes.
- Claim billing cycle for all applicable payers will be followed closely as part of our standard protocol.
- Each payer will be compartmentalized and worked based on billing protocols associated with the reimbursement and collection guidelines to initiate follow up and collection practices.

- If adjustments are required they would be processed accordingly after analysis. If the automatic 2% sequestration has not been properly deducted in the A/R system it would be processed as an adjustment. This should be configured in the PCC system to process automatically as well as the Value Based Purchasing (VBP).
- Immediate and assertive collection activity would be initiated and ongoing for all payers.
- Claim cycle for all applicable payers will be followed closely to monitor for expected payment.

Resources

The resources available would include myself and Denise Couture as the appointed HCPCS billing consultant, who are highly experienced in relation to reimbursement schedules, focused collection efforts, billing system and other portals. The other critical resources include having credentials for accessing the Medicare and Medicaid online portals as mentioned previously to have the visibility for validation of processing and to view denial information or other claim processing details.

It is also dually noted that there is the need to have access to the facility staff which is anticipated to be relatively limited in nature for cases such as questions, clarification or source documents such as insurance cards, admission agreement or other pertinent information that may be necessary or required. Insurance denials and payment details will be provided timely to HCPCS, Inc. staff for necessary review and follow up. In addition, there will be close monitoring related to the Medicare claims to ensure that the MDS assessments are accepted and have the RUG score populated in order to flow to the claim and as shown on reports as a resource in the system.

EXPECTED RESULTS

We expect our proposed accounts receivable management services for the monthly billing and ongoing management of outstanding receivable for Marianna Health and Rehabilitation Center (MHRC) to provide the following results:

- Timely billing and collection follow up for all payers including but not limited to Medicare, Medicaid, Managed Care, Co-Insurance and third-party payers.
- Medicare bad debt allowable accounts to include supporting documentation for Medicare cost reporting purposes will be prepared, uploaded to the Documents tab in the PointClickCare software and adjustment batch coordinated with the Medicare Bad Debt Log completed for the accounting group that prepares the cost report.
- Write offs of uncollectible accounts may already exist within the current aged accounts receivable reports; accounts will be analyzed and collection efforts will be exhausted prior to notifying the Administrator or other designee for approval that any account requires bad debt write off adjustment. These accounts would be tracked and reported within a spreadsheet.
- Refunds for credit balances would be required to be coordinated and processed via accounts payable for check processing and offset adjustments to A/R within the PointClickCare software system.
- We will assist with the preparation and submission of the quarterly Medicare credit balance report after being signed by the Administrator or other designee.
- Ongoing support available to facility staff by having available direct communication from Julie and Denise as subject matter experts for any operational or billing related matters.

PRICING

The following table details the pricing for delivery of the services outlined in this proposal. This pricing is valid through May 12th:

Services Cost	Price/Hours
Outsourced Accounts Receivable Billing & Revenue Cycle Management Support	\$85.00/hr
Up to 20 hours the first two week of each month	Max \$3400.00
Between 5-15 hours week 3 and 4 each month	Max \$2550.00
Potential need for onsite visit Hourly plus Travel Expenses (mileage)	
Maximum Monthly Projected Costs	\$5950.00

Disclaimer: The hours listed in the preceding table are an estimate for the billing and consulting services to fully manage the accounts receivable indicated within the RFP. This summary is not a warranty of final hours or associated cost for billing services however hours should not exceed the estimates listed above. We cannot anticipate the need for additional services such as in the event of a government program audit or other unforeseen circumstances. If these cases arise special approval would be requested in advance to assist in managing and complying with associated requests or audits.

CONCLUSION



We look forward to the opportunity to work with Marianna Health and Rehabilitation Center (MHRC) in supporting your efforts to resolve and collect the outstanding accounts receivable balances while performing ongoing management of the revenue and billing cycle. The HCPCS, Inc. consultants are dedicated to managing the outstanding receivables and we can assure you that we will make a positive impact in managing the billing cycle and working accounts for collection purposes while accounting for and reporting on payments received following standard operating and collection protocols to gain timely reimbursement for care provided.

Keep in mind we would need to have a working relationship with the staff for compliance and other purposes and feel that with the expertise related to PointClickCare and strong industry knowledge including the upcoming Medicare reimbursement changes provides a tangible benefit. At the same time, with past experience of understanding the potential trials and tribulations under these circumstances we encourage frequent and effective communication for a smooth transition. We are confident that we can meet the challenges ahead, and stand ready to partner with you in delivering effective services.

If you have questions related to this proposal or if we shall move forward to schedule the next steps, feel free to contact me at your convenience by email at jkemman@hcpcsconsulting.com or by phone at (561) 262-7534.

Thank you for your consideration,

Julie Ann Kemman

Health Care Professional Consulting Services, Inc. dba HCPCS, Inc.

4007 Baldwin Drive, Sebastian, FL 32976
(561) 262-7534 jkemman@hcpcsconsulting.com
www.hcpcsconsulting.com

Client List/Providers

Healthpark Care Center (112 Beds) *

16131 Roserush Court
Fort Myers, FL 33908-3634
Raven Showels, Asst Admin
(239) 634-8135

Lee Memorial Hospital Skilled Nursing Unit * (18 beds)

2776 Cleveland Avenue
Fort Myers, FL 33901
Robert Roan, Financial Analyst
(239) 343-7397

Pines of Sarasota, Inc. * (204 beds)

1501 N Orange Avenue
Sarasota, FL 34236-2631
Bruce Blake, CFO
(941) 365-0250

Majestic Oaks * (150 beds)

John Knox Village of Central Florida
901 Veteran's Memorial Parkway
Orange City, FL 32763
Joe Trainor, CEO
(386) 774-8868

Florida Baptist * (24 Beds)

1006 33rd Street
Vero Beach, FL 32960
Gretchen Ward, NHA
(772) 567-5248

KR Management, LLC * (Multiple SNF Providers listed below)

2001 Gulf Boulevard, Suite 11

Indian Shores, FL 33785

Ryan Rockefeller, CFO

(727) 581-4648

- Buffalo Crossings * (120 beds) 3875 Wedgewood Lane, The Villages, FL 32162
- KR at College Harbor * (52 beds) 4600 54th Ave S, St Petersburg, FL 33711
- Oak Manor (180 beds) 3500 Oak Manor Lane, Largo, FL 33774
- Wrights Healthcare (60 beds) 11300 110th Ave N, Seminole, FL 33778
- KR at Hillsborough Lakes (120 beds) 19091 N Dale Mabry Highway, Lutz, FL 33548

Gulf Coast Medical Center Skilled Nursing Unit (75 beds) * (awaiting license & Medicare enrollment)

13960 Plantation Road

Fort Myers, FL 33912

Matt Lessig, NHA

(239) 572-0080

Lutheran Haven	Julie Isman, Admin *	(407) 365-5676	
All at Home Hlth Care	Mike Purvis, Owner *	(904) 556-4302	
Moosehaven, Inc.	Jim Haddock, Dir of Finance or Bill Tippins, NHA		(904) 278-1200
Village on the Isle	Kathi Rogers, CFO	(941) 486-5421	
St Mark Village	Doug Fresh, CEO or Cynthia Pohl, CFO	(727) 464-1704	
Sarasota Memorial	Michael Allen, NHA	(941) 917-4956	
Holiday Retirement	Alex Sadbach, VP Controller	(508) 586-7166	
Jupiter Pavilion	Betsy Heartfield, NHA or Meg Lawrence, BOM	(561) 744-4444	
Symphony Post Acute	Joanie Hansford, VP AR	(224) 534-4196	
Point Click Care	Sujata Subramanian, Sr Mngr Delivery Partners	(800) 277-5889 x 1629	

*Single asterisk after provider name represents outsourced billing support and routine revenue cycle management services.

** This list does not include all skilled nursing facility providers that are on limited support or quarterly visit schedule. Complete list is available upon request.

*** Not all clients listed are utilizing the Point Click Care solution.

**** Denise Couture, HCPCS Inc. is a Certified Point Click Care Implementation Specialist and completes PCC software configuration, implementations and support on and ongoing and on a routine basis for facilities across the country based on projects scheduled by PCC, these client references are not included herein.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation

HEALTH CARE PROFESSIONAL CONSULTING SERVICES, INC.

Filing Information

Document Number P03000094809
FEI/EIN Number 56-2396603
Date Filed 08/28/2003
State FL
Status ACTIVE

Principal Address

4007 BALDWIN DRIVE
SEBASTIAN, FL 32976

Changed: 03/13/2012

Mailing Address

PO BOX 780334
Sebastian, FL 32978

Changed: 01/29/2016

Registered Agent Name & Address

SATCHER, LISA G
8316 QUAIL MEADOW WAY
WEST PALM BEACH, FL 33412

Officer/Director Detail

Name & Address

Title PRES

KEMMAN, JULIE A
4007 Baldwin Drive
SEBASTIAN, FL 32976

Annual Reports

Report Year	Filed Date
2016	01/29/2016
2017	02/11/2017
2018	02/03/2018

Document Images

02/03/2016 -- ANNUAL REPORT	View image in PDF format
02/11/2017 -- ANNUAL REPORT	View image in PDF format
01/29/2016 -- ANNUAL REPORT	View image in PDF format
02/25/2015 -- ANNUAL REPORT	View image in PDF format
02/20/2014 -- ANNUAL REPORT	View image in PDF format
04/01/2013 -- ANNUAL REPORT	View image in PDF format
03/13/2012 -- ANNUAL REPORT	View image in PDF format
01/17/2011 -- ANNUAL REPORT	View image in PDF format
03/14/2010 -- ANNUAL REPORT	View image in PDF format
03/23/2009 -- ANNUAL REPORT	View image in PDF format
02/02/2008 -- ANNUAL REPORT	View image in PDF format
04/25/2007 -- ANNUAL REPORT	View image in PDF format
04/09/2006 -- ANNUAL REPORT	View image in PDF format
04/09/2005 -- ANNUAL REPORT	View image in PDF format
01/31/2004 -- ANNUAL REPORT	View image in PDF format
08/29/2003 -- Domestic Profit	View image in PDF format

Florida Department of State, Division of Corporations

Client#: 22595

HEALTHCA1

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Bouchard Insurance (CLW) 101 N Starcrest Dr. Clearwater, FL 33765 727 447-6481	CONTACT NAME: PHONE (A/C, No, Ext): 727 447-6481 FAX (A/C, No): 727 449-1267 E-MAIL ADDRESS: clcerts@bouchardinsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Landmark American Ins Co	NAIC # 33138
INSURED Health Care Professional Consulting Services Inc HCPCS, Inc 4007 Baldwin Drive Micco, FL 32976	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LHC769246	04/30/2018	04/30/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/POP AGG \$3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			LHC769246	04/30/2018	04/30/2019	\$3M/\$1M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER John Knox Village of Central Florida 101 Northlake Dr. Orange City, FL 32763	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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RECEIVED FEB 21 2019

This proposal is dated February 12, 2019.

The legal entity submitting this proposal is:

BottomLine Solutions, LLC

1749 NE 10th Ter

Suite 4

Cape Coral, FL 33909

Telephone: 1-855-226-9328 (toll-free)

239-242-4303

239-242-4304

Email: diane@bottomlinesolutions.org

BottomLine Solutions, LLC is a third-party billing services and consulting firm that has been operating in Florida since 2003, from 1993-2002 in Connecticut, offering complete billing services including, but not limited to: Medicare Part A claims and Medicare Part A coinsurance claims, Medicare Part B and Medicare Part B coinsurance claims, Managed Care Part A and Part B claims, Medicaid claims, Hospice claims and Private Insurance claims.

We also offer other services within our scope of expertise. These would include; identifying outstanding, still to be billed, collected or appealed receivables while diligently attempting to recover said receivables. In addition we offer all and any other A/R functions related to a SNF, software conversion and implementation, the setup and oversight of interdepartmental policies and guidelines as to how they pertain to the billing/collection processes and other consulting functions as needed.

BottomLine Solutions, LLC organizationally functions fully as an LLC licensed in the State of Florida.

BottomLine Solutions, LLC is fully staffed and dedicated to servicing the SNF industry. We currently have a staff of ten employees with a combined total of more than 70 years of experience in SNF billing processes and procedures. The president of BottomLine Solutions, LLC and leader of that staff here at BottomLine Solutions, LLC, Diane M. MacGregor, has more than 30 years of experience in SNF billing. The Director of Accounts Receivable and the Assistant Director of Accounts Receivable bring another 16 combined years of SNF billing experience to the staff that they oversee.

The scope of proposed services that we will provide are outlined in the first two paragraphs on this page. There are no areas in the A/R functions of a SNF in which we do not have the experience, willingness and ability to assist, manage or perform the tasks as needed.

Our fees would initially be billed at the rate of \$75.00 per hour. We would provide a 10% discount of fees if fees are paid and remitted by the 15th of the month following the month in which the services were provided. That discount amount will be clearly stated on the monthly invoices. We also agree to travel to Marianna, FL from Cape Coral, FL if necessary and if requested. Reimbursement for expenses would be limited to lodging (if necessary) and travel time only (at the stated hourly rate). Reimbursable expenses are not subject to discounts and will be billed separately. Time spent on-site would be billed at the same stated hourly rate but would include applicable discounts. The final four months of the first year and the second and/or third year of our proposed agreement would include a compensation change. The period between July 1, 2019 and October 31, 2019 would serve as the basis and average for monthly invoicing beginning with services provided November 1, 2019. This would simplify, clarify and stabilize the cost services in those two years and four months of the proposed contract, giving the City of Marianna, Florida the ability to project and accurately budget the fees on a monthly and annual basis. The average would be based on the full invoice amount; however, the same discount and travel provisions would be applicable and clearly stated on each invoice/statement.

BottomLine Solutions, LLC has been an active SNF billing services and consulting company in Florida since February 4, 2003.

Listed below are five of our current clients:

Lutheran Life Communities: (Total 801 SNF Beds—One client, we provide A/R services to all 6 of their SNFs)

Tim Buist, CFO 847-368-7342

Lutheran Home

800 West Oakton Street
Arlington Heights, IL 60004

SNF Beds 380 bed

The Arlington

7900 Arlington Circle
Naples, FL 34113

SNF 44 beds

Luther Oaks

601 Lutz Road
Bloomington, IL 61704

SNF 36 Beds

Pleasant View

505 College Ave
Ottawa, IL 61350

SNF 90 Beds

St. Paul's House

3800 N. California Ave
Chicago, IL 60618

SNF 96 Beds

Wittenberg Village

1200 East Luther Drive
Crown Point, IN 46307

SNF 155 Beds

Aviva Senior Living

Stacie Plante, Controller 941-377-0781

Benderson Family Skilled Nursing Facility

1959 N. Honore Ave
Sarasota, FL 34235-9117

SNF 45 Beds

Okeechobee Council on Aging

Edward Hurt, CEO 352-275-1271

Ana Vazquez, Controller 352-505-6550

Glades Health Care Center

230 South Barfield Highway
Pahokee, FL 33476

SNF 120 Beds

Florida Presbyterian Homes

David Larson, CFO 941-216-2177

909 Lakeside Avenue
Lakeland, FL 33803

SNF 68 Beds

Page Rehabilitation

Fonda Potts, CFO 239-810-0382

2310 N Airport Road
Fort Myers, FL 33907

SNF 180 Beds

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004301

Entity Name: BOTTOMLINE SOLUTIONS LLC

Current Principal Place of Business:

1749 NE 10TH TER
4
CAPE CORAL, FL 33909

Current Mailing Address:

1749 NE 10TH TER
4
CAPE CORAL, FL 33909

FEI Number: 59-3765676

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACGREGOR, MICHAEL J
1508 NW 24TH PL
CAPE CORAL, FL 33993 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR, OWNER
Name MACGREGOR, MICHAEL J
Address 1508 NW 24TH PL
City-State-Zip: CAPE CORAL FL 33993

This is the annual report certifying our ability to do business in Florida. It is due and renewable every MAY 1ST.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. MACGREGOR

OWNER

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

BottomLine Solutions, LLC currently carries a \$2 million policy with The Hartford insurance company, specifically for General Liability and Cyber Security, which is protection from any data security breaches, including ones that may result in a HIPAA violation(s).

Our policy number is 76 SBU IR2066 and is effective through 6/15/19.

BottomLine Solutions, LLC has not faced any State/Federal litigations or lawsuits at anytime in the previous five (5) years.