

# **BILLING SERVICES FOR AMBULANCE SERVICE**

Request for Proposal

## **Tri City Ambulance**

City of St. Charles  
City of Batavia  
City of Geneva  
Batavia Fire Protection District  
Geneva Township

### **RFP SUBMISSION DEADLINE:**

**October 29, 2014**

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# GENERAL INFORMATION

## I. Purpose/Overview

Tri-City Ambulance (hereinafter “TCA”) is seeking proposals from qualified billing and data management contractors (hereinafter “contractor”) to provide billing and financial reporting service to TCA which includes five partner agencies.

The TCA system utilizes ESO version 4.0 reporting software for electronic patient care reporting. Ambulance personnel enter patient care information into a laptop or desktop during or after a call for each 911- agency response. Presently a billing report is generated through the Firehouse Reporting System and is sent to current billing contractor for processing.

TCA currently uses a third party biller to process all bills and payments on the following schedule:

1 <sup>st</sup> Invoice	Within 3 days of receipt
Insurance request	30 days after 1 <sup>st</sup> invoice
Insurance request	20 days after previous request
Statement	20 days after insurance request
Final notice	20 days after statement
Final letter	30 days after final notice

If no payments or arrangements are made within thirty (30) days after the above referenced “Final Letter” the bill is electronically transferred to the current contracted collection agency Northwest Collectors Incorporated (NCI).

The City of St. Charles Finance Department has accounts receivable responsibility for TCA, including administrative oversight for the billing, collection and financial reporting contract.

## II. Organizational Structure

The Tri-City Ambulance Service (TCA) provides emergency medical service for the residents and visitors of the city of St. Charles, city of Geneva, Geneva Township, city of Batavia and the Batavia Fire Protection District by providing certified paramedics in Advanced Life Support (ALS) ambulances.

The current area protected by TCA has an estimated population of slightly more than 90,000 residents. The agency is funded through a combination of assessments to each of the partners and transport fee’s charged directly to the patients. The agreement, which formed TCA, was established in November of 1982 and was entered into by Kane County and the cities of St. Charles, Geneva and Batavia including unincorporated areas serviced by the respective fire districts and Township. An eight-member board of

directors that is comprised of two members of the corporate authorities of each participating city, one trustee from the fire protection district, and one supervisor of Geneva Township governs TCA. The Mayor of each city is charged with appointing the representatives for their community. The day to day administration is handled by the Tri-City Ambulance Administrator.

A lead Agency was established in order to identify a viable corporate entity that is available to enter into contracts and employ the necessary personnel for TCA. Currently the City of St. Charles fills that role. As Lead Agency they are empowered to: expend funds within the budgetary limits of TCA, purchase, lease, borrow and otherwise make arrangements to use facilities, equipment, furnishings, supplies and services as well as maintain the administrative records and manage all patient billing operations. A portion of the costs incurred by the Lead Agency are reimbursed by TCA.

TCA provides services by utilizing five staffed ALS ambulances, two in St. Charles, one in Geneva and two in Batavia. The ambulances are staffed with paramedics who are employed by Paramedic Services of Illinois. In addition to patient billing receipts, TCA is funded in part by tax revenue contributed by the five partner agencies.

### **III. Current Billing Service**

In 2013, a total of 4418 patients were billed resulting in net revenue of \$1,880,640.44. Tri-City Ambulance anticipates an approximate increase in revenue of \$269,000.00 with the increase in user fees effective May 1, 2014.

EMS transport volume has remained level over the past two years; in 2012 4,388 patients were transported. In 2013 4,428 patients were transported. Tri-City Ambulance anticipates the total patients transported to remain level. The data provided is for information purposes only and does not represent a commitment by TCA to guarantee that volume. Based on the current rates of comparable providers, the TCA Board approved an increase in user rates effective May 1, 2014.

TCA uses ESO reporting software for patient care reports. TCA utilizes the Firehouse reporting system to generate a billing report that provides: Date of service, run number, patient name, mileage, general impression and billing code. The billing code is based on: level of care, TCA district where call originated and residence status. The TCA billing rate is based on level of service and resident status. TCA bills for treatment with no transport in addition to the administration of oxygen and blood glucose monitoring. See Appendix A for complete TCA billing rate.

#### **IV. Definitions**

Gross Charges:	Total charges without any contractual allowances.
Net Charges:	Total charges minus Medicare/Medicaid contractual allowances.
Contractual Allowance:	Write off amounts for Medicare/Medicaid
Gross Collection Percentages:	Payments divided by Gross Charges
Net Collection Percentages:	Payments divided by Net Charges

# SCOPE OF SERVICES

## I. Billing Services Contract Requirements

Please note that all services requested are to be provided in a consistent level through the entire Tri-City Ambulance system, including PSI and the fire department EMS providers.

### A. Billing Services

- A.1. Contractor is required to operate an Electronic Billing System for TCA that must meet federal/state guidelines for Medicare and Medicaid programs and must conform in all respects to all federal, state and local laws, ordinances and regulations, including all HIPAA requirements. The TCA board desires to increase timelines of billing as well as accuracy of billing information, including, but not limited to, patient mailing address, insurance information, employment information and social security number.
- A.2. CPT/ICD9/Q codes are not pre-coded on the Electronic Call Report however, currently TCA bills for: (1) transports, (2) ALS treatment-without transport, (3) the administration of oxygen, (4) blood glucose monitoring and (5) mileage. Contractor will be expected to verify the claims are billed at maximum allowed level of transport and mileage.
- A.3. All invoices and written statements/documentation forwarded to patients shall be formatted so the relationship between the TCA and the Contractor is invisible. TCA shall approve all letterhead and invoice statements in advance. No changes will be made to the image without the written authorization of the TCA board or its authorized representative.
- A.4. Minimum expectations are as follows:
  - A.4.1. Invoices in compliance with the Fair Debt Collection Practices Act, including the “Mini-Miranda” statement<sup>1</sup>
  - A.4.2. Processing of electronic claims within no more than three business days of electronic posting of the patient care reports. Document how claims are billed electronically or by mail within three business days. Document the percentage of claims that are billed electronically.
  - A.4.3. Name and contact information of the electronic billing software vendor.

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<sup>1</sup> The so called Mini-Miranda is a warning mandated by 15 USC 1600 which demands that all debt collection letters must carry an advisement that the letter is from a debt collector and is for the purpose of collecting a debt and that any information obtained from the debtor will be used for that purpose. One of the things covered in Miranda is what is commonly called the “Mini-Miranda” in which 3<sup>rd</sup> party debt collectors must send you a letter outlining your rights under the Fair Debt Collection Practices Act which is titled 15 U.S.C. 1600.

- A.4.4. Name and contract information of electronic clearinghouse manager.
  - A.4.5. Assure TCA of readiness to bill Medicare electronically in a HIPAA complaint manner.
  - A.4.6. Document procedures for mailing of entire patient records as required by certain insurers and requested by attorneys. Including sample waivers and information the Contractor requires from attorneys in order to fulfill requests. Also, indicate any and all charges for this service.
  - A.4.7. Identify skip-tracing tools utilized. Document specified contractor's rate success with each tool.
  - A.4.8. Identify insurance research tools utilized. Document specified contractor's rate success with each tool.
  - A.4.9. Document how the current billing software will accommodate the following fees: finance charges, interest charges and NSF fees.
  - A.4.10. Procedures to identify how denied claims are processed.
  - A.4.11. Bilingual billing correspondence may be required. Provide examples.
- A.5. Medicare Compliance Manual. The successful Contractor must keep and maintain a Medicare Compliance Manual that contains, at minimum, Medicare Fee Schedule, Medicare Rules and Regulations, Medicare Coverage Issues and Documentation Guidelines.

## **B. Technological Standards**

- B.1. The Contractor will be responsible for providing equipment and software associated with the billing and collection process. The Batavia, Geneva and St. Charles fire departments current use the Firehouse Software by ASC/Visionary Systems as the primary RMS.
- B.2. Minimum expectations are as follows:
  - B.2.1. All Contractors should provide and overview of the their technology including:
    - B.2.1.1. Description of hardware environment (server/PC and network hardware description), software environment (what server operating system(s) supports your system), backup tools used, etc.
    - B.2.1.2. Description of communications and network infrastructure proposed.
    - B.2.1.3. Description of security platforms and methods used to protect patient privacy.
    - B.2.1.4. Service Level Agreement documentation.
    - B.2.1.5. System availability and uptime commitment.
    - B.2.1.6. Support services and problem reporting procedures.

- B.2.2. Indicate what software will be used for billing and how it will interface with Firehouse software, Ver. 7.0 or higher. Provide a file layout detailing billing extract data necessary for Contractor's billing software.
- B.2.3. Describe how the Contractor will ensure complete and uninterrupted flow of service via back-up systems and Data Recovery Project Plan/System, should disaster occur. Provide a copy of Data Recovery Project Plan/System.
- B.2.4. Demonstrate record retention plan to comply with all state and Federal requirements.
- B.2.5. Demonstrate electronic reporting capabilities to provide TCA with deposit, receivable and individual patient account information required to run their business.
- B.2.6. Contractor's billing and collection software must demonstrate ability to capture multiple insurance carriers for a single account and match subscriber accounts.
- B.2.7. Appropriate privacy and security safeguards in compliance with HIPAA guidelines shall be provided to ensure that only authorized personnel have access to electronic information.
- B.2.8. Ability and appropriate security to process payments accurately and with billed reports according to HIPAA compliance.
- B.2.9. If the Contractor recommends an alternative method for file transfer please provide a detailed description of the recommended process.

## **C. Customer Service**

- C.1. TCA is committed to providing professional, courteous and timely customer service to the patients utilizing ambulance services. The Contractor's Customer Service Representatives should be available at a minimum 08:00 a.m. to 5:00 p.m., Central Standard Time, Monday through Friday, excluding major holidays: News Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas via a toll-free phone number, toll free fax number and e-mail.
- C.2. Along with these expectations, the minimum expectations are as follows:
  - C.2.1. Contractor will provide an estimated response time for inquires, including inquires from citizens, fire departments and TCA.
  - C.2.2. Discuss current means for measuring customer (EMS user) satisfaction relative to the billing process.

## D. Reporting Services

D.1. Daily, monthly and annual reports of the types noted below must be provided to the Finance Director, Fire Chiefs and TCA or their designees. All reports shall be submitted electronically either via e-mail or secure FTP server. Reports shall be provided either in MS Excel and/or PDF format. Reports will be based on the lead agency's fiscal year from May 1<sup>st</sup> through April 30<sup>th</sup> of each year. **Include examples of each report and list all formats in which reports can be provided.**

### D.2. Daily:

- D.2.1. Provide daily reports by fire agency and by TCA.
- D.2.2. Daily batch billing reports by department sorted by payer and incident number with breakdown per patient of type of charge. Include estimate of number of bills that can be processed daily and projected reporting schedule for different batch sizes. Discuss the report or tool used to track batches and report information to TCA.
- D.2.3. Daily balancing report, reconciling the accounts receivable posted activity to a corresponding bank deposit.
- D.2.4. The daily accounts receivable posting report should be sorted by payer and incident number with breakdown by type of charge and including patient name, date of service and amount paid. This report should be submitted to the Finance Director, Fire Chief's or their designees by 10:00 a.m. the following business day.

### D.3. Monthly

- D.3.1. Provide all Monthly reports by separate fire department and by TCA.
- D.3.2. Monthly date of service summary billing report with the gross charges billed for the month minus contractual allowances, write-offs (abatement, dismissals, bankruptcies and settlements), refunds, payments and indigence cost of care rolling up to the net ending accounts receivable balance due. Include on this report the number of trips per month, number of patients per month, gross charges per trip, cash collected per trip and net collection percentage per trip. Submitted by the 10<sup>th</sup> day of each subsequent month.
- D.3.3. Monthly date of service by payer type billing report, sorted by payer type, with the gross charges billed for that month minus contractual allowances, write-offs (abatement, dismissals, bankruptcies and settlements), refunds, payments per month, gross charges per trip, net charges per trip, cash collected per trip, and net collection percentage per trip. Submitted by the 10<sup>th</sup> of each subsequent month.

- D.3.4. Monthly outstanding aged accounts receivable report sorted by payer including a total outstanding aged report. Report should have four categories- 30, 60, 90 and over 120 days outstanding. Submitted by the 10<sup>th</sup> of each subsequent month.
- D.3.5. Monthly accounting period report with billing receivable amount plus revenue billed for that month minus contractual allowances, write-offs, (abatement, dismissals, bankruptcies and settlements), refunds, payments and indigence cost of care rolling up to the ending accounts receivable balance. Submitted by the 10<sup>th</sup> of each subsequent month.
- D.3.6. Monthly accounting period report for the cash collected each month. Submitted by the 10<sup>th</sup> of each subsequent month.
- D.3.7. Monthly date of service activity vehicle billing report with the gross charges billed for that month minus contractual allowances, write-offs (abatement, dismissals, bankruptcies and settlements), refunds, payments and indigence cost of care rolling up to the ending accounts receivable balance. Include on this report the number of patients per month, gross charges per trip, net charges per trip, cash collected per trip and net collection percentage per trip. Submitted by the 10<sup>th</sup> of each subsequent month.
- D.3.8. Monthly refund report listing all refunds processed for the month. Submitted by the 10<sup>th</sup> of each subsequent month.
- D.3.9. Database report to TCA's current bad collection agency detailing any debt uncollected after 180 days including any patients that do not pay according to Payment Arrangement letters. Electronic transfer of data shall meet or exceed HIPAA requirements. Report shall include Patient name, Date of service, patient identification number, whether or not service/transport was medically necessary and insurance payment.
- D.3.10. Monthly report to lead agency Finance staff and TCA of the number of accounts and the dollar amount submitted to the bad debt collection agency.

**E. Other**

- E.1. Include a description of any available reports other than those listed in this request that would be useful to TCA in monitoring and evaluating TCA's EMS service.
- E.2. Explain the procedures to be used for quality control in data gathering, conducting analyses and writing technical/final reports.
- E.3. Discuss willingness to modify reporting requirements and associated cost, if any, throughout the contract term in order to support TCA's need for timely development of TCA-designed reports, report enhancements and other changes.
- E.4. Additional annual reports may be required as requested by the lead agency Finance Department and independent auditing firm.
- E.5. Detail how lead agency TCA, Finance Staff, Fire Chiefs and TCA administrator will be notified of any reporting delays.
- E.6. Annual revenue projections for TCA. The Contractor will be able to assist TCA staff with estimating future billing revenues. This will include developing revenue forecasting models to be used during TCA's annual operating budget process. The forecasting model will include appropriate factors and data, such as historical revenue and collection rates, anticipated changes in billing schedules, and call volume. Meeting this requirement will also include, but not be limited to, multi-year forecasting of billing revenues, answering technical questions from TCA officials, explanations/presentations of forecasting model to EMS stakeholders, and ongoing refinement of the forecasting model.
- E.7. Contractor will be required to provide a sample implementation plan with projected activities and timelines, including all scheduled milestones. Identify the most critical issues that must be satisfactorily addressed to assure this contract will be successfully implemented.
- E.8. TCA or its designated representative must review and approve all third party subcontractor arrangements that are utilized to fulfill the requirements of this RFP. Any changes in third party relationships require prior notification and approval by TCA.
- E.9. Identify all current third party subcontractor arrangements to include the following information:
  - E.9.1. Subcontractor name, it includes corporate location, telephone number, e-mail address, website and a contact name.
  - E.9.2. Functions of the subcontractors.

- E.9.3. Length of time with subcontractors.
- E.9.4. Right to audit: Contractor's records shall be open to inspection and subject to audit and/or reproduction, during normal working hours, by TCA to the extent necessary to adequately permit evaluation and verification of any invoices, payments or claims submitted by Contractor of any of its payees pursuant to execution of this contract. Such records subject to examination shall also include, but not be limited to, those records necessary to evaluate and verify direct and indirect costs (including overhead allocations) as they may apply to costs associated with this contract.
- E.10. For the purpose of such audits, inspections, examinations and evaluations, TCA or its designee's shall have access to said records from the effective date of this contract, for the duration of the work, and until two (2) years after the date of the final payment by TCA to Contractor pursuant to this contract.
- E.11. TCA shall have access to Contractor's facilities, shall have access to all necessary records, and shall be provided adequate and appropriate work space, in order to conduct audits in compliance with this article. TCA shall give the Contractor reasonable advance notice of intended audits.
- E.12. Contractor shall provide documentation they are at minimum SOC-1 certified.
- E.13. Provide an example of a client monthly invoice, separated by agency, to TCA for services provided. Payment shall be made on a monthly basis in arrears for services rendered for the previous month. Contractor shall submit monthly invoices by the fifteenth (15<sup>th</sup>) of each month.
- E.14. Payment to the Contractor will only occur after revenues have been realized, deposited in TCA's bank accounts and verified. Payment will be made on a monthly basis.
- E.15. Provide documentation verifying employee's processing TCA billings are certified in Ambulance coding. Contractor shall also provide the source of the training.
- E.16. Provide documentation verifying and/or contractors process for obtaining patient information from the facility the patient was transported to including name, billing address and insurance (if applicable). TCA primarily transports to Delnor Hospital and quick access to the above information at Delnor is a priority for TCA.
- E.17. Contractor or a designated representative with the authority of the contractor shall be available at the request of TCA within three business

days for an in-person meeting at TCA. Special circumstances may be considered for an extension of the three business day rule.

- E.18. Provide actions taken and contractors plan to be capable of billing with ICD 10 codes by October 1, 2015 or the most current compliance date established by the Centers for Medicare and Medicaid Services without interruption of service.
- E.19. TCA is in the application phase for obtaining accreditation through the Commission on Accreditation of Ambulance Services. If the selected contractor does not meet the listed standards then TCA and contractor shall agree on a timeline to become compliant. Failure to agree on the timeline or failure to meet the timeline shall be grounds for termination of the contract. Provide documentation verifying the contractor meets the standards that apply to ambulance billing. The standards are listed in Appendix C.

## **II. Exceptions**

- A. TCA's minimum requirements are listed in the Scope of Services section. If there are any exceptions to these requirements as defined, then comprehensively explain the exception(s) referencing the requirement outline number.
- B. An exception will not necessarily eliminate the Contractor from consideration by TCA.
- C. If no exceptions are listed, then it is understood by all parties that the Contractor has the ability to implement the above requirements as interpreted by TCA.

## **III. TCA Responsibilities**

- A. TCA will have the following responsibilities for this contract:
  - A.1. TCA or its designee will work with the lead agency Finance Department which will be responsible for program administration and oversight. During implementation and for term of the agreement, TCA will provide the primary contact person who will arrange for staff assistance as required. The designated representative must approve all dismissals, abatements, fee waivers, extensions and settlements of bill in writing.
  - A.2. TCA will furnish no material, labor or facilities unless otherwise provided for in this RFP.
  - A.3. For daily billing, TCA will furnish the Contractor a billing extract report for download into the Contractor's billing software via Firehouse Software.

## **IV. Contract Budget and Terms**

- A. TCA is interested in considering an incentive-based or a percentage-based compensation system. The contractor shall provide any innovative fee structure currently in use with other clients. Identify and explain any reimbursable expenses for which reimbursement would be expected in addition to the contract fee. Provide quote on a three-year contract with fixed price for the length of contract an annual renewal rates for an additional three years.
- B. If TCA contracts with a non-incumbent vendor, provide details on how outstanding open claims will be handled.
- C. Commissions on accounts sent to bad debt collection agency will be based on the amounts collected less the bad debt commission agency fee.
- D. TCA currently manages all billing through the lead agency Finance Department paying a flat amount to offset the expense to the lead agency.
- E. A contract may be canceled by the Contractor upon six (6) months' written notice to TCA and TCA may terminate this agreement upon six (6) months' written notice to the contractor.
- F. Contractor acknowledges that TCA is a governmental entity, and that any contract validity is based upon the availability of public funding under the authority of its statutory mandate.
- G. In the event that public funds are unavailable and not appropriated for the performance of TCA's obligations under any contract, then that contract shall automatically expire without penalty to TCA thirty (30) days after written notice to the Contractor of the unavailability and non-appropriation of public funds. It is expressly agreed that TCA shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of any contract, but only as an emergency fiscal measure during a substantial fiscal crisis.
- H. In the event of a change in the TCA's statutory authority, mandate and mandated functions, by state and federal legislative or regulatory action, which adversely affects TCA's authority to continue its obligations under a contract, then that contract shall automatically terminate without penalty to TCA or its partner agencies upon written notice to Contractor of such limitation or change in TCA's legal authority.

# INSTRUCTIONS TO PROPOSERS

## I. Submission Instructions

Interested firms should submit five (5) original copies and one (1) electronic copy of proposal, including all attachments, to the address below by no later than 5:00 P.M. on October 29, 2014. Late proposals, regardless of delivery means, will not be considered.

**Special Note: TRI CITY AMBULANCE intends to review cost/pricing separate from the technical response. Therefore, all pricing and cost information is to be submitted in a separate sealed envelope labeled as “TCA EMS RFP Pricing/Cost”, this includes an electronic copy for pricing and cost.**

- A. The Tri-City Ambulance Board of Directors reserves the unqualified right to accept any proposal or reject any or all proposals as it deems appropriate and in the best interest of TCA. TCA is not bound to accept the least costly proposal but reserves the right to accept the proposal, which appears, in its judgment, to be best suited to the interests of TCA. TCA reserves the right to negotiate with any vendor, including but not limited to terms, conditions, pricing, pricing structure, etc.
- B. The successful contractor shall furnish a Performance Bond in the amount of 100% of the annual contract price within fifteen (15) calendar days of signing the contract. The bond must be renewed annually by the contractor so that coverage remains in effect for the entire term of the contract. Evidence of renewal must be provided ten (10) calendar days prior to the annual anniversary date of the contract. The performance bond must be issued by an insurance company registered with the Illinois Department of Insurance and must be signed by an officer of the Contractor’s company. Bonds issued by a non-registered or foreign insurance company will be immediately rejected. This bond shall be listed as a separate cost item. Said performance bond shall be valid for sixty (60) days past the expiration date of the contract.
- C. In order to allow the opportunity to conduct a fair and equitable evaluation of the Proposals, Contractors are restricted from contacting Managers or their staff or their staff of the participating agencies and TCA; with the exception of the incumbent contractor and the communication is only regarding current billing business. Contractors are further restricted from contacting the elected representatives to the governing board of the participating agencies and TCA. Failure to abide by this clause shall be considered grounds for rejection of a Contractor’s proposal.

- D. If there is concern regarding proprietary software or confidential information, indicate by noting such on the information in the Contractor proposal. Information will be treated as confidential to the extent allowed under Illinois law.
  
- E. Any questions or clarifications must be submitted in writing via Word document to John Schultz, Tri-City Administrator by October 13, 2014. The question can be submitted by U.S. mail or an attachment via e-mail. The addresses are listed below. Questions, responses and clarifications will be issued in the form of a written addendum to all bidders. No verbal information will be binding upon TCA. If required, TCA will release an addendum on October 15, 2014.

John Schultz  
Tri-City Ambulance  
St. Charles Fire Department  
112 N. Riverside Ave  
St. Charles, IL 60174

[jschultz@stcharlesil.gov](mailto:jschultz@stcharlesil.gov)

## II. Qualifications Submission Requirements

- A. Letter of Interest including the following;
  - A.1. A brief description of your firm including the size and structure of the organization.
  - A.2. Location of all offices, identifying corporate headquarters.
  - A.3. Geographic layout of existing client base.
  - A.4. Listing of all memberships in National and local EMS organizations.
  - A.5. Include level of participation and length of membership in each organization.
  - A.6. Number of years in business.
  
- B. Qualifications for all personnel who will be assigned to this contract and a list of current assignments including technical staff. Please indicate the percentage of time each individual may dedicate to the contract as well as the percentage of time dedicated to any outgoing engagements. The Contractor shall indicate its approach to A/R management, including how it transitions accounts when a staff member terminates employment. Also indicate how TCA will be notified of the transition, and that TCA is assured of no interruption in cash flow during the process.
  
- C. An organizational chart showing the lines of communication and designated level of authority of all team members. Include in the chart the names, job titles, and office locations for staff to be assigned to this account.
  
- D. A discussion of the responsibilities to be fulfilled by each team member who will be assigned to the account. Demonstrate adequate controls and segregation of duties among personnel responsible for billing, receiving, processing and depositing of funds received in payment of EMS bills and collection activities.
  
- E. Provide a list of at least five (5) EMS clients of similar size and scope as TCA that are familiar with the Contractor's performance within the last five (5) years. Include names, position titles, affiliations, addresses, telephone numbers and e-mail addresses. Include a complete list and brief description of each ambulance/EMS billing and collection service contracts currently in progress or completed. Each shall include the following:
  - E.1. Description of services rendered, length of contract, annual number of claims and annual amount of receivables.
  - E.2. The number of bills processed annually, date services started/ended, any available measures of customer satisfaction (EMS user as customer), gross dollar value of revenue derived from collection of EMS fees for each year since start up, the Contractor's actual gross and net collection percentage by payer, realized one year after the transport month and the billing, collection and processing system itself.
  - E.3. Number of staff assigned and their assigned responsibilities.

- E.4. Key principal and associate staff involved, along with their assigned responsibilities. A list of equipment and other resources used in the referenced projects.
- F. Listing of any pending or resolved lawsuits in which the Contractor was involved during the past five (5) years. If the Contractor has not been involved in any lawsuits, please indicate.
- G. Listing of any contracts that were terminated before the contract termination date within the last five years.
- H. Disclosure of any potential conflict of interest due to any other clients, contracts or property interest. Include a statement certifying that no member of your firm ownership, management, or staff has vested interest in any aspect or department of TCA or of any private not for profit corporation or other municipality that contracts with TCA for EMS service.
- I. Other relevant information that the contractor believes demonstrates its qualifications for the project and/or distinguishes the Contractor's proposal from other proposals.
- J. Discuss the extent of knowledge of Medicare/Medicaid policies and procedures as related to medical patient expense reimbursement, assignment of claims, itemized claims processing, duplicate payment processing and refunds, and subscription match-up.
- K. Discuss the importance of complying with Medicare/Medicaid policies, procedures and directives. Include a listing of past/present penalties/findings (if any) and their resolution.
- L. The Contractor must demonstrate an active compliance program that meets or exceeds CMS and HIPAA by providing a copy of their CMS and HIPAA compliance programs.
- M. Before submitting a proposal, each contractor must make a careful study of these specifications, and fully assure themselves of the quality of the service that is required. The consistent quality of the service provided is of profound importance to TCA's ongoing commitment to achieve fiscal objectives and maintain superior levels of customer/client satisfaction.
- N. No contract will be awarded except to responsible organizations capable of providing the services outlined and achieving the identified expected results. Before the award of the contract, the Contractor may be required to demonstrate any/or all aspects of the Scope of Services.
- O. Include financial statements for the past two (2) fiscal years. Also, submit Dun & Bradstreet report for the most recently audited fiscal year if available.

- P. Provide a copy of any SOC 1 report done within the last three (3) years. If no SOC 1 report has been performed, please specify.
- Q. Contractor must demonstrate active compliance with the Payment Card Industry Standards by providing a copy of their PCI Compliance Statement.
- R. Include information on any early contract terminations.
- S. If a contractor proposes to address a requirement in a manner different from the Request for Proposal, the Contractor shall provide an explanation of how that requirement will be met and demonstrate that the alternative is equal to or preferable to the requirement in the Request for Proposal.
- T. Proposals should be complete and require no further explanation.
- U. Contractor shall address each category of the Scope of Services as specified with that section and in the format of that section.
  - U.1. Provide a Table of Contents in the format of the Request for Proposal.
  - U.2. Provide Tabs identifying each section and subsection.
  - U.3. Examples of documentation group together and referenced throughout the proposal.
  - U.4. Identify how each requirement will be met (i.e., specify data entry, editing criteria, updating techniques and controls)

# SELECTION PROCESS

## I. Evaluation Criteria

Evaluation Criteria is shown below. A selection committee will be created by TCA to include representatives from each city represented within TCA plus a representative from the finance department of the lead agency to evaluate proposals. The committee shall utilize the following criteria as a guideline when reviewing the ability of contractors to meet the requirements of this Proposal.

### A. Phase I- Criteria

These criteria are to be utilized in the evaluation of qualifications for development of the shortlist of those proposals to be considered for interviews and or potential negotiations. Information and or factors gathering during interviews, negotiations and any reference checks, in addition to the evaluation criteria stated in the RFP, shall be utilized in the final award decision. Interviews are not guaranteed by this RFP, if more information is desired, interviews may be requested solely by TCA. References may or may not be reviewed or contacted as the discretion of TCA, Typically, only references of the top ranked short listed proposals are contacted. TCA reserves the right to contact references other than, and or in addition to, those furnished by contractor.

<u>Completeness of Proposal</u>	5%
<u>Experience and References</u>	25%
<u>Operations</u>	25%
<u>Training of Staff</u>	20%
<u>Data Collection and Reporting</u>	25%

### B. Phase II- Cost

The committee will then consider the cost evaluation separate from the criteria assessed in Phase I. Phase I aspects shall be scored and totaled on a 0-100 scale expressed as a decimal (i.e., a score of 85 is written as 0.85). The Phase II evaluation, which is submitted in a separate envelope, shall be divided by the qualitative score (expressed as a decimal) to yield an “adjusted score”. The respondents will be listed from low to high according to this “adjusted score”. Any resulting contract will be based on the total price as submitted, not the adjusted value. The committee’s evaluation shall be forwarded to the TCA Board for due consideration in determining the final award of the RFP. It shall serve as a non-binding guideline to advise the Board on the relative merits of each proposal reviewed.

- C. **Completeness of Proposal** refers to the contractor's response to this RFP. The contractor's ability to comply with all requirements set forth in this RFP and the inclusion of all required documentation and statements.
- D. **Experience and references** refers to the contractor's capability in all respects to perform fully the contract requirements, and the tenacity, perseverance, experience, integrity and reliability, which will assure good faith performance, as well as satisfactory reference verification. This criterion includes but not limited to: the experience of the contractor and its record on deliverables of a similar nature, including the requirement listed in Instructions to proposers, Section II, Paragraph E and years in operation.
- E. **Operations** refer to the contractor's operational ability to completely fulfill the contract requirements, this criterion includes but not limited to: hours of operation, availability of management/supervisor, compliance with all applicable local, State and Federal rules and regulations, preparedness for changes in the industry, ability to accept various methods of payment, the ability to successfully communicate with patients who have language or physical barriers, the contractors ability to receive patient information from local hospitals, the method of transferring patient information with TCA's contracted collection agency.
- F. **Training** refers to the ability of the contractor's personnel to meet all training requirements and perform fully the contract requirements including but not limited to: HIPAA, CMS Medicare/Medicaid, ambulance coding, any other local, State or Federally required training and any training required to maintain CAAS accreditation compliance.
- G. **Data Collection and Reporting** refers to the contractor's ability to completely fulfill the contract requirements, this criterion includes: Reporting requirements listed under Scope of Services, Section I. Billing Services Contract Requirements part D and E and the ability to create custom reports as needed by TCA.

## **II. RFP Schedule**

- **September 29, 2014:** RFP Release Date
- **October 13, 2014:** Final date for questions. Questions must be submitted by U.S.P.S. or via e-mail in an attached word document.
- **October 15, 2014:** Addendum release date, if required
- **October 29, 2014:** All proposals are due to Tri-City Ambulance: RFP Billing Services for Ambulance Service. Attention John Schultz, TCA Administrator.
- **November 10-14:** Interviews (if required).
- **November 17, 2014:** Notice of preliminary negotiation process
- **December 12, 2014:** Proposed implementation of contract

## **III. General Comments**

- A. Any cost incurred by respondents in preparing or submitting Request for Proposals for the project shall be the respondents' sole responsibility.
- B. All responses, inquires or correspondence relating to this Request for Proposal for Professional Services will become the property of TCA when received.

**APPENDIX A- FEE SCHEDULE  
EFFECTIVE MAY 1, 2014**

	<b><u>Resident</u></b>	<b><u>Non-Resident</u></b>
<b>ALS-1</b>	<b>\$800.00</b>	<b>\$1,000.00</b>
<b>ALS-2</b>	<b>\$925.00</b>	<b>\$1,150.00</b>
<b>BLS</b>	<b>\$615.00</b>	<b>\$825.00</b>
<b>Treat-no transport</b>	<b>\$100.00</b>	<b>\$100.00</b>
<b>Mileage</b>	<b>\$10.00/per</b>	<b>\$10.00/per</b>
<b>Oxygen</b>	<b>\$15.00</b>	<b>\$15.00</b>
<b>Blood Glucose check</b>	<b>\$5.00</b>	<b>\$5.00</b>

## **APPENDIX B- TCA INSURANCE REQUIREMENTS**

The Independent Contractor shall obtain, at his sole expense, all insurance as required in the following paragraphs and shall not commence work until such coverage is in force and certification is received by TCA.

The insurance coverage's below are recommended for each TCA contract. However, TCA has identified contract types requiring other insurance coverage's and are listed in this section. Risk Management may require other insurance coverage's based on the exposure of specific contracts. Professional Liability Insurance, in limits of no less than \$1,000,000 per occurrence, \$2,000,000 aggregate.

Workers' Compensation Insurance with limits for Coverage A statutory –State of North Carolina & Coverage B Employers Liability \$1,000,000 each accident and policy limit and disease each employee. Or a waiver of the Act (G.S. § 97-93) if such Independent Contractor has less than four (4) employees and does not carry Workers Compensation and Employers Liability Insurance.

Commercial General Liability- combined Single Limits of no less than \$2,000,000 each occurrence and \$2,000,000 aggregate. This insurance should include the Comprehensive Broad Form Endorsement including contractual liability, completed Operations/Products.

Automobile Liability within limits of no less than \$250,000 per person, \$500,000 per occurrence bodily injury and \$100,000 property damage.

All insurance companies must be licensed in Illinois and be acceptable to TCA and have a Best's Insurance Rating of A- or better. Insurance policies, except Workers Compensation and Professional Liability. Shall be endorsed (1) to show TCA and its partner agencies and a as additional insured, as their interest may appear and (2) to amend cancellation notice to 30 days, pursuant to Illinois Law.

Certificates of Insurance shall be signed by a licensed Illinois agent and be amended to show thirty (30) days notice of change or cancellation will be given to TCA by certified mail. If an "ACCORD" Insurance Certificate is used, the words "endeavor to" and "but failure to mail such notice shall impose no obligation or liability of any kind upon the company" in the "cancellation" paragraph of the form shall be deleted

Copies or originals of correspondence, certificates, endorsements or other items pertaining to insurance shall be sent to:

Tri City Ambulance

If the Independent Contractor does not meet the insurance requirements of the specifications, alternate insurance coverage satisfactory to TCA may be considered.

## **APPENDIX C- ACCREDIATION STANDARDS**

### **104.03 Accounts Receivable**

**If patient/billing collection is a function carried out by or on behalf of the agency, the agency shall have written accounts receivable policies.**

#### **104.03.02 Education and Training**

The agency shall maintain documentation of comprehensive training for all billing and coding personnel. This shall include training in all relevant ambulance billing and coding topics, including at a minimum, the role Intake and Dispatch play in in the compliant billing, interpretation of, and the billing requirements of proper Patient Care Documentation; proper coding and submission of ambulance claims; specific requirements of common payers, including Medicare, Medicaid and any other payers commonly found in the agency's patient population; proper follow-up of ambulance claims, including payment handling, over-payments, denials and appeals; and comprehensive training on billing compliance, including false claims, the anti-kickback statute, HIPAA and general ambulance billing compliance. *(NEW 10/2009)*

#### **104.03.03 Continuing Education**

The agency shall maintain documentation of annual continuing education for all AR/Billing/Coding personnel, to assure the agency of ongoing compliance with regard to their billing practices. *(NEW 10/2009)*

**A HOLD HARMLESS AGREEMENT SHOULD BE CONTAINED IN  
EACH CONTRACT**

The provider agrees to defend, indemnify, and hold harmless TCA and its partner agencies from all loss, liability, claims or expense (including reasonable attorney's fees) arising from bodily injury, including death, to any person or persons or property damage caused in whole or in part by the negligence or misconduct of the Provider or his/her subcontractors, agents and employees, except to the extent same are caused by the negligence or willful misconduct of TCA. It is the intent of this section to require the Provider to indemnify TCA and its partner agencies to the extent this section to require the provider to indemnify TCA and its partner agencies to the extent permitted under Illinois Law. The Contractor shall furnish TCA with certificates of insurance and with original endorsements affecting coverage required by this clause. The certificates and endorsements for each insurance policy are to e signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be received and approve by TCA before work commences. Failure by the contractor to provide proof of the coverage's required coverage throughout the contract term may result in cancellation of the contract. Contracts that do not meet the requirements will be returned to the requesting department to resolve the insurance deficiency with the contractor.

The contractor must include all subcontractors as insured's under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverage's for subcontractors shall be subject to all of the requirements stated herein.