



**TOWN OF STRATFORD
PURCHASING DEPARTMENT
STRATFORD, CONNECTICUT**

REQUEST FOR PROPOSAL

RFP No. 2012-004

Issued : January 23, 2012

Subject : Billing Services for EMS and Fire Service Billing

The Town of Stratford through the Office of the Purchasing Agent, will receive proposals in accordance with the instructions, conditions and reservations that follow:

A. CLOSING DATE:

Proposals will be received until 3:00 pm February 17, 2012 in the Office of the Purchasing Agent, Room 202, Town Hall, 2725 Main Street, Stratford, CT 06615.

Any proposal may be withdrawn prior to the above-scheduled time for receiving proposals or authorized postponement thereof. Any proposals received after the date and time specified shall NOT be considered.

B. INSTRUCTIONS:

Proposals are to be submitted **(FIVE COPIES)** in a sealed envelope/box and clearly marked with the bid number and description on the outside of the envelope, including all outer packaging (DHL, FedEx, UPS, etc).

Proposals must be delivered to:

Purchasing Department
Stratford Town Hall – Rm 202
2725 Main Street
Stratford, CT 06615

C. CONDITIONS:

Taxes: The Town of Stratford is exempt from all State and Federal taxes. Do not include these amounts in your quotation.

Addendums: All addendums will be posted on the town website, www.townofstratford.com. It is the responsibility of the proposer to check the website for any addendums before submitting their proposal.

F.O.B. Destination: All prices quoted must be net delivered to destination.

Conflict of Interest: No public official or employee shall, while serving as such, have any financial interest or engage in any business, employment, transaction or professional activity or incur any obligation of any nature which is in substantial conflict with the proper discharge of his/her duties or employment in the public interest.

D. RESERVATIONS:

The Town of Stratford may consider informal any proposal not prepared and submitted to the Town in accordance with the provisions herein stated. The Town of Stratford reserves the right to reject any or all proposals or parts of proposals; to waive defects in same proposals; or to accept any proposal or part thereof deemed to be in the best interests of the Town of Stratford.

Michael Bonnar, Purchasing Agent

SPECIFICATIONS: See next page.

SECTION I

GENERAL INFORMATION

The Town of Stratford is soliciting proposals to provide billing services on behalf of Stratford Emergency Medical Services (EMS) for EMS billing and collections and Stratford Fire Department for Fire Service billing and collections.

Respondents must make any qualifications to their proposals known at the time of submission. Respondents may bid on either EMS or Fire Department billing or combine both services.

SECTION II

SCOPE OF SERVICES

Services shall include the following:

1. Preparation of an invoice for each billable run report provided.
2. Submission of invoices to third party insurance carriers.
3. Follow-up billing to secondary insurance carriers, as required and handle all appeals of billing denials.
4. Each vendor shall provide details as to their process for billing and follow up on denied claims.
4. Obtaining insurance information from medical facilities, where possible.
5. Invoicing the patient with cover letter if insurance information is unavailable.
6. Follow up on each case at the time periods designated by the Town.
7. Accepting assignment on each case per the billing policy of the Town.
8. Daily deposit of payments into appropriate bank account.
9. Weekly reporting of deposits, account postings and accounts billed.
10. Weekly submission of copies of all checks, money orders and cash received.
11. Monthly reporting of account status. Including monthly reports of Medicare / Medicaid and insurance problems and/or issues and monthly refund list.
12. Monthly reporting of statistical data when requested in writing.
13. Provide on-site training to staff and management on documentation and issues related to same, at no additional charge, not to exceed three classes per year.
14. Assisting with materials related to Medicare and insurance audits.
15. Prepare/assist with the submission of the EMS DOH/OEMS rate application each year and any CMS form submissions.
16. Conduct informational meetings with Town Officials and residents to explain the program and provide educational and promotional materials.

17. Provide an 800 number for all client/patient phone calls answered by professionally trained billing specialists.
18. All EMS claim submissions shall be compliant with CMS guidelines and Medicare Regulations as appropriate.
19. All Fire Service billing claims must be compliant with the Town's public policy and any applicable Fire Department regulations.
20. Respondents for EMS shall be 5010 complaint for claims submissions by January 1, 2012.
21. Maintain professional liability insurance of no less than \$2 million and employee dishonesty/forgery coverage of no less than \$500,000.

SECTION III

PERFORMANCE STANDARDS:

EMS respondents must submit a schedule of their average collection rates for all ambulance clients for the past year and identify the parameters used to arrive at the represented rate (e.g. 85% collection rate net of allowances and discounts...etc.)

Respondent agrees to the following performance standards:

The Town Finance Department will assess the Collection rate for EMS collection during the first year of service, closing 45 days after close of the first calendar year of contract.

- If the Collection Rate, as determined by the Finance Department, at that time is 80% or less (Net of Allowances, Discounts & Bad Debt), the following twelve (12) months billing fees will be reduced by 1.5%.
- If the Billing Agency has a Collection Rate of 89% or greater, as determined by the Finance Department, (Net of Allowances, Discounts & Bad Debt), the following twelve (12) months billing fees will be increased by 1.5%.
- This assessment/procedure will continue on an annual basis until termination of the agreement.

(All papers and necessary billing forms shall be provided at no cost to the Town.)

SECTION IV

SERVICES CALL VOLUME

The proposed costs for the items listed above should be based upon the following information:

1. EMS Calls Per Year:

| | | |
|------|--|-------|
| 2011 | January 1 to December 31 EMS Transports | 4,580 |
| 2010 | January 1 to December 31 EMS Transports | 3,641 |
| 2009 | January 1 to December 31 EMS Transports | 4,100 |

Approximately 75% are transported to Bridgeport Hospital
10% are transported to St. Vincent's, Bridgeport, CT
5% are transported to Milford or Griffin Hospital's

2. Fire Department calls per year:

Approx. 5800 to 6000

- Daily importing of all billable EMS calls from Stratford EMS electronic patient care records; currently "emsCharts."
- The initial billing will be automatic; subsequent billings will be in accordance with Town policy.
- Funds collected are to be deposited into a bank to be specified by the Town of Stratford at least on a weekly basis.
- The respondent must apply for and obtain all permits and licenses required by the State of Connecticut Department of Emergency Medical Services to charge for calls. Permits shall be in the name of Stratford Emergency Medical Services and must be renewed on a yearly basis by the respondent.

SECTION V

The following questions will assist the Town in determining some background, performance and working history of the responding company. Those respondents that comply will be considered favorable but may not preclude any vendor from the process. Include responses to the following in your proposal.

PURCHASE DESCRIPTION/ SCOPE OF SERVICES:

YES / NO

| | | |
|---|--|--|
| Respondent must submit a list of all Connecticut Licensed or Certified current ambulance service clients and contact information for each; | | |
| Respondent must submit a list of all current Fire Service clients and provide contact information for each; | | |
| Respondent is a Connecticut domicile company; | | |
| Respondent has an operation in Stratford, Connecticut; | | |
| Staff has Certified Coders entering EMS calls into billing software which are Nationally recognized by an Ambulance Coding Accredited agency; | | |
| Respondent agrees to pay for all electronic billing related fees, including but not limited to: cost per trip, mobile product fees and Geo-coding; | | |
| Respondent has a contingency plan to operate a redundant operation or has capability to effectively resume normal operations with out a delay of more than two (2) business days, should their primary location be rendered unusable; | | |
| Respondent has capability to send monthly or ad hoc reports via email with properly required encryption in compliance with industry regulatory standards; | | |
| Respondent will import charts on a daily basis and submit claims to appropriate insurance carrier with in a 72 hour window; | | |
| Respondent will contract with a Collection Agency of choice by the Town and submit uncollectible claims, after consultation with the Town, on a monthly basis; | | |

PURCHASE DESCRIPTION/ SCOPE OF SERVICES:

YES / NO

| | | |
|---|--|--|
| Respondent shall utilize electronic claims submission and electronic remittance advise when available; | | |
| Respondent must have daily data backup server storage off site and submit policy and procedure that outlines the process; | | |
| Fire Service billing has capability to obtain electronic claim information from "NexGen" CAD interface and or Firehouse Software. | | |

SECTION VI

QUALIFICATION SPECIFICATIONS

Qualifications should conform to the format provided below. Respondents should provide the following information:

1. Description of the respondents company, including name, address and telephone number of company. Please provide any promotional materials that are applicable.
2. An organizational chart of the company.
3. References from at least three (3) other municipalities where similar services are being, or have been performed during the past two years.
4. Detail any Confidentiality, HIPAA and/or Red Flag Rules procedures.
5. Name of corporate personnel who will have contact with representatives from the Town of Stratford.
6. Provide sample billing forms, reports, and promotional materials.
7. Provide a flow chart/description or procedures detailing each step/action taken to process a claim.
8. Please provide any and all insurance participating provider agreements that would affect Stratford EMS billing and collections.
9. Please provide a list of any and all insurance carriers that are currently set up on electronic claims submission and electronic remittance advise.
10. Provide timetable for applying and obtaining all permits and licenses required by the State of Connecticut Department of Emergency Medical Services to charge for calls.

SECTION VII

TERM

The term of this agreement shall be for a period of three (3) years commencing upon the full execution date of this agreement with a two (2) year option to renew. If notice that either party intends to terminate the agreement is not received 90 days prior to the expiration date of each term, it will automatically renew for a period of two (2) years.

SECTION VIII

SELECTION CRITERIA

Selection of the bidder will be based on the following criteria:

1. Responsiveness and completeness to the written request for qualifications addressing the purpose of the project.
2. Suitability of both the program as proposed by the vendor and the vendor itself to the Town of Stratford's goals and objectives.
3. Reputation, experience, and professional qualifications of the respondent.
4. Program design as suggested by the respondent.
5. Added benefits to the Town of Stratford by the respondent.
6. Cost of services to be rendered to EMS and Fire Service billing.

During the evaluation process, the Town of Stratford reserves the right, where it may serve the Town of Stratford's best interest, to request additional information or clarification from respondents. At the discretion of the Town of Stratford, firms submitting qualifications may be requested to make oral presentations as part of the evaluation process.

The Town of Stratford reserves the right to reject any and all qualifications or any part of any proposal, or to waive any informality when it is deemed to be in the best interest of the Town to do so.

SECTION IX

OTHER REQUIREMENTS

The Town shall require that the owner(s) are not now or nor have ever had adverse legal actions imposed by Medicare, Medicaid or any other federal agency or program, including but not limited to the following:

- a. Administrative Sanctions
- b. Program exclusions
- c. Suspension of Payments
- d. Civil Monetary Payments
- e. Assessments
- f. Program Debarments
- g. Criminal Fines
- h. Restitution Orders
- i. Pending Civil Judgments
- j. Pending Criminal Judgments
- k. Judgments pending under the False Claims Act.

The successful vendor must comply with all federal, state and local laws and regulations concerning billing for fire services and emergency medical services.

Questions or requests for more information must be submitted via email to purchasing@townofstratford.com. All requests must be received by 3:00 PM on February 6, 2012. Any requests received after this time will not be accepted. Responses will be submitted by an addendum that will be posted on the town website by 4:00 PM on February 10, 2012.

SECTION X

FEE PROPOSAL FORM

The term of this contract will be three years with a two-year option to renew.

Company Name:

Company Address:

EMS Billing Fees:

| Year 1 | Year 2 | Year 3 | Additional Years (Optional) |
|--------|--------|--------|-----------------------------|
|--------|--------|--------|-----------------------------|

Other Additional Fees:

Fire Service Billing Fees:

| Year 1 | Year 2 | Year 3 | Additional Years (Optional) |
|--------|--------|--------|-----------------------------|
|--------|--------|--------|-----------------------------|

Other Additional Fees:

Respondent for the Fire Service must submit a "schedule of rates" including, but not limited to:

- Types of incidents for which the agency proposes to bill (e.g. house fire, vehicle fire, rescue and any ancillary services);
- The dollar amount the agency is proposing to bill for above services;