Request for Proposals
20-05-R

Ambulance Billing Services
August 1, 2020 through July 31, 2022

City of Elkhart
Fire Department
Elkhart, Indiana 46516
# EFD Billing Services

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I. PURPOSE OF THE REQUEST

The purpose of this request for proposals is to select an ambulance billing and collecting service provider ("Provider") to aid the Elkhart Fire Department ("EFD") in: 1) the monthly preparation and printing of bills for ambulance service; and 2) all other services as described below in Section III. Scope of Services. The EFD is requesting proposals from companies who have experience in ambulance billing, printing, insurance filing, and collection and transfer of payments.

It is the intent of the EFD to obtain reasonable costs and excellent customer service through a Provider. The EFD intends to enter into a two-year contract with the selected Provider.

II. BACKGROUND INFORMATION

The City of Elkhart is located in north-central Indiana. Among other human health and safety services, the EFD provides ambulance and medical treatment services to approximately 52,000 City residents. The EFD currently serves approximately 5,000 patients per year with ambulance and medical treatment services.

III. SCOPE OF SERVICES

The Provider shall perform the following services:

1. At a minimum of once per week, prepare and electronically submit claims to appropriate insurance carriers, including state and federal medical insurance programs, for ambulance and medical service fees.

2. At a minimum of once per week, prepare and submit claims to appropriate insurance carriers including state and federal medical insurance programs, for ambulance and medical service fees.

3. After all insurance efforts for collection have been exhausted without success, prepare statements, at least as often as once per week, to attempt to collect from individual patients who have incurred ambulance and medical services. An individual patient’s statement will be cycled on a thirty-day basis, with a new bill being generated at least once within the thirty-day cycle. Self-paying patients will be included in the next statement cycle following the posting of their charges. As part of the process of attempting to collect the outstanding debt from individual patients, the Provider will: 1) make reasonable attempt to ascertain the identity and
location of patients and bill the patients at their proper address before debts are declared “uncollectible”; 2) send at least three statements to the patient advising of the outstanding balance; and 3) advise patients of the availability of monthly payment plans and that credit card payments are accepted by the Provider. Provider must maintain the ability to accept payments through VISA, Discover and MasterCard. In the event that a payment is made via credit card, the actual percentage paid to the credit card company, not to exceed 4%, may be passed to the City as a reimbursable expense. All other costs associated with credit card transactions shall be borne by Provider.

4. Provider will maintain all account activity records and submit them to the City on a monthly basis. Said records shall indicate all charges processed, revenues obtained, compensation retained, and aged accounts receivables.

5. The City Controller, or his designee, shall have unrestricted access to all books and records at any time, without prior notice, to examine or audit the records to determine compliance with the contract.

6. Provider agrees to deposit all revenues collected into a bank or financial institution as agreed upon by Provider and the City Controller until such time as these funds are transmitted to the City Controller. Revenues collected by Provider pursuant to the contract will be transmitted to the City Controller on a weekly basis with verification of the amounts transmitted.

7. Provider will respond to all patient billing and insurance inquiries within two business days.

8. Provider will bear the cost of all expenses associated with the billing and collection of ambulance and medical service fees. Said costs include, but are not limited to, statement forms, insurance forms, postage, telephone calls, envelopes, stationary and any other overhead costs.

9. Provider will treat all information obtained from the City or on behalf of the City as confidential and in a manner consistent with law.

10. Pursuant to the City’s hardship policy, any billing or notice for ambulance and medical service fees shall contain a notice informing the patient of the availability of a hardship exception or forbearance and the application process.

11. Provider will comply with all applicable ADA accessibility requirements.

IV. PROVIDER SUPPLIED SOFTWARE TO CITY
Provider shall provide the City of Elkhart Fire Department an annual subscription to the following ESO Solutions, Inc. software, add-on modules and services for each contract year:
1. **ESO EHR Suite**: Patient care reporting suite, includes EHR web and mobile client, Quality Management, Ad Hoc Reports, Analytics, Patient Tracker. Allows for unlimited users, unlimited mobile applications, live support, state and federal data reporting, ongoing weekly web training, software updates and upgrades.


3. **EHR Cardiac Monitor Integration**: Cardiac monitors integration. Allows for import of cardiac monitor data via local or cloud integration. Ongoing maintenance included. Unlimited connections.

4. **EHR CAD Integration**: Allows for integration of CAD data into EHR mobile and web application. Ongoing maintenance included. Additional fees from your CAD vendor may apply.

5. **Fire Incidents (Volume 10,000)**: Includes mobile application NFIRS widget, Auto EHR-import or Auto-CAD import, federal NFIRS data reporting, software updates and upgrades.

6. **Personnel Management**: Includes tracking of Training classes, certifications, credentials, immunization records. Integrated with ESO EHR and Ad Hoc Reporting.

Sample invoices for estimated costs of subscription are available upon request and may be supplied for informational purposes only, actual rates may differ at time of subscription.

**V. MINIMUM QUALIFICATIONS OF PROVIDER**

A. Compatible with ESO Solutions, Inc. electronic system. The ambulance billing information is currently being given to EFD’s ambulance billing provider in an electronic format only. All respondents to this RFP must be capable of implementing such a system.

B. Five years of continuous operation of providing ambulance billing service with at least 3 customers of 7,000 or more yearly accounts.

C. Ability and commitment to provide continuous professional daily service, and weekly billing service.

D. Ability to perform all functions listed in the Scope of Services, above.

**VI. REQUIREMENTS OF PROPOSAL RESPONSE**

A. The proposal package shall consist of one original and four copies. The deadline for accepting proposals is 4:00 p.m. Eastern Daylight Savings Time, on August 24, 2020. Proposals submitted must be clearly labeled and include reference to this
RFP. Proposals shall be concise and to the point. Please mail or hand-deliver to the following address:

Elkhart Fire Department  
Kristi Sommers, Division Chief  
500 East Street  
Elkhart, IN 46516

B. Submitters are responsible for the timely receipt of their proposals. The EFD will not accept proposals by facsimile or electronic mail. Proposals submitted late will not be considered. All proposals become the property of the EFD when received. After a provider is selected, the proposals may be considered public documents available for disclosure. Respondents should identify any section of their proposal deemed proprietary or otherwise exempt from public disclosure.

The EFD accepts no financial responsibility for costs incurred by any respondent in responding to the RFP. By responding to the RFP, the responder agrees to not hold the EFD responsible if parties other than the City obtain material from its proposal without their consent.

C. Please include all of the following information in the proposal package:

1. The completed Qualification Questionnaire.

2. A narrative explaining how you will demonstrate and how we will quantify your ability and commitment to provide continuous professional daily service. This criterion will be evaluated on an ongoing, as needed basis. One-half page maximum.

3. A narrative describing your ability to provide EFD all of the services listed in the Scope of Services, above. Only Providers who offer all of the services directly will be considered. Second-party service providers will not be accepted. One-half page maximum.

4. A narrative explaining current philosophies, strategies and procedures to ensure protection of patients’ private information, such as phone numbers, addresses and social security numbers. One page maximum.

5. A list of a minimum of three clients for whom similar quantity and frequency of EFD ambulance billing services been performed. Include the names of the clients, the names of the contacts, the addresses, telephone numbers and a description of the work performed.

6. A list, with contact information, of any former clients who have terminated a contract with Provider within the last five years.
7. Propose a timeline outlining how long before the first bills can be generated printed and mailed following the Preliminary Selection Notice being approved by Board of Works.

8. Submit the cost of providing services listed in the Scope of Services. This cost of service shall be submitted as a percentage of payments received.
VI. QUALIFICATION QUESTIONNAIRE

Respondents are required to answer the following questions:

A. What is the name of the Provider?

B. What is the servicing office address?

C. What are the telephone and fax numbers?

D. What is the name and contact information of the account executive who will primarily be responsible for our account.

E. Provide explanation of your company’s organizational structure?

F. How long has your firm or agency been in business?

G. Where is your main office located?

H. How often would you require postage be escrowed or at what frequency will it be billed?

I. What options do you offer to consolidate multiple accounts that are billed to the same mailing address?

J. How many clients have terminated their contracts with you within the past five years?

__________________________________
Name and Title of Individual
Completing this Questionnaire

_____________________________
Signature

_____________________________
Phone

_____________________________
Date Signed
VII. SELECTION SCHEDULE FOR BILLING SERVICES PROVIDER

<table>
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<th>ACTIVITY</th>
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<tr>
<td>August 7, 2020</td>
<td>RFP Published and Distributed</td>
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<tr>
<td>August 14, 2020</td>
<td>RFP Published and Distributed</td>
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<tr>
<td>August 17, 2020</td>
<td>Question Submission Deadline</td>
</tr>
<tr>
<td>August 19, 2020</td>
<td>All Questions Answered</td>
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<tr>
<td>August 24, 2020</td>
<td>Deadline for Submission of Proposals</td>
</tr>
<tr>
<td>August 26, 2020</td>
<td>Conclude Evaluations and Candidate Interviews</td>
</tr>
<tr>
<td>August 27, 2020</td>
<td>Preliminary Selection Notice Issued, pending approval of Board of Public Works and negotiated contract terms</td>
</tr>
<tr>
<td>September 1, 2020</td>
<td>Approval of Agreement Executed by Board of Public Works</td>
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Note: This schedule is included for information purposes only and is subject to change at the City’s discretion.

VIII. EVALUATION CRITERIA

Proposals will be evaluated with the emphasis placed on the respondent’s ability to meet the City’s requirements, the responsiveness of the proposal to this RFP, and the criteria specified below. Proposals will be evaluated using a weighted point system that will include the areas outlined below:

A. Collective responses to Qualification Questionnaire. (10%)

B. Response describing how you will demonstrate and how we will quantify your ability and commitment to provide continuous professional daily service. (10%)

C. Response to a narrative explaining current philosophies, strategies and procedures to ensure protection of customer’s private information, such as phone numbers, addresses and social security numbers. (10%)

D. Responses from referrals of a minimum of three other clients for whom similar services have been performed, and comments received from former clients who have terminated their contract within the last five years. (15%)

E. Response to timeline for implementation. (5%)

F. Fees quoted for providing the services listed in the Scope of Services. (50%)

The selection process will evaluate proposals and may include interviews with those submitting proposals. If interviews are conducted, those submitting proposals will have the opportunity to discuss in more detail their qualifications, experience, and expertise. The City reserves the right to request additional information from finalists, reject any proposal or portion thereof, to waive irregularities, and to re-advertise for proposals.
IX. AGREEMENT FOR SERVICES AND TERM

The City will seek to enter into an agreement with the selected Provider. The selected Provider will be notified in writing of the outcome of the selection proceedings. On or before September 1, 2020, the selected billing services provider and the City will negotiate such other mutually acceptable terms for ambulance billing services agreement which are not otherwise specified and required by this request for proposal. All contract terms shall be reduced to a formal contract signed by all parties. Please note: The contract for services shall be for twenty-four (24) months, for services provided commencing August 1, 2020 through July 31, 2022, with two, two-year options to renew with the consent of both the City and Provider.

X. QUESTIONS

General questions concerning this RFP may be submitted in writing to Division Chief Kristi Sommer by e-mail Kristi.Sommer@ElkhartFire.org. ALL QUESTIONS OR REQUEST FOR INFORMATION WILL BE SHARED WITH ALL OTHER APPLICANTS. LIKewise, THE CITY'S ANSWERS OR RESPONSES WILL BE PROVIDED IN WRITING VIA EMAIL TO THE REQUESTING PARTY AND ALL OTHER APPLICANTS.