

**City of Sidney
201 W. Poplar Street
Sidney, OH 45365
937-498-2346 / fax: 937-498-8177**

**REQUEST FOR INFORMATION
EMERGENCY SERVICES BILLING**

TO: Prospective Vendors

The City of Sidney, hereinafter referred to as “City,” is planning to select a billing service to facilitate the billing activities for the City’s Emergency Medical Services (EMS). It is necessary to separate billings for the City’s residents and non-residents.

Carefully review this Request for Information, it provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate and would like to submit paper copies, complete four (4) copies of the attached PROPOSAL RESPONSE FORM and return in a sealed container/envelope to the City on or before **5:00 pm, local time, November 22, 2024.** Late or incomplete responses will be disqualified.

Because purchases or contractual agreements of this nature require the expenditure of public funds, the successful vendor shall understand that portions (potentially all) of their proposal (including any final contracts) will become public record after its acceptance by the City.

ABOUT THIS DOCUMENT

This document is a Request for Information. It differs from a Request for Bid/Quotation/Proposal in that the City is **seeking a solution that meets the City's needs**, as described on the cover page and in the following Background Information section, **not a bid/quotation** meeting firm specifications for the lowest price. As such, **the lowest price proposed will not guarantee an award** recommendation. This Request for Information will be evaluated based upon criteria formulated around the most important features of a product or service, of which quality, testing, references, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards, which measure how well a vendor's approach meets the desired requirements and needs of the City. Those criteria that will be used and considered in evaluation for award are set forth in this document. The City will thoroughly review all proposals received. The City will also utilize its best judgment when determining whether to schedule meetings or interviews with vendors, after receipt of all proposals. A Contract will be awarded to a qualified vendor submitting the best proposal. The City reserves the right to select, and subsequently recommend for award, the proposed equipment/service which best meets its required needs, quality levels, and budget constraints.

BACKGROUND INFORMATION & BILLING DATA

The City of Sidney Department of Fire & Emergency Services is a full-time career department providing fire and EMS transport service to 20,000 residents plus the surrounding township area. The Department operates with 38 full-time personnel from two stations. In 2023, the Department responded to 3966 emergency incidents; 2886 EMS calls and 1080 fire calls.

Current Billing Provider; Change Healthcare Technology Enabled Services, LLC (CHC) is our current billing provider

Current billing policies; only bill resident's insurance companies and soft bill non-residents

Current ePCR software; ESO for EMS & Emergency Reporting for Fire operations/prevention

Current EMS billing provider pays all annual software maintenance fees (ESO & Emergency Reporting), and provides EMS IT hardware (see Alternative Options), and the corresponding data fee for the tablets.

Current charge rates for 2024

BLS - \$717

ALS1 - \$971

ALS2 - \$1220

Mileage - \$16.17 per loaded mile

Number of billable transports for 2023

BLS - 1307

ALS1 - 962

ALS2 - 38

EMS transport vehicles

4 total - 3 front line ambulances and 1 reserve ambulance (All ALS equipped)

Current payer mix 2023 (Quantity of transports)

HMO Medicare 33%

Medicare 26%

Medicaid HMO 17%

Self-Pay 8%

Medicaid 2%

Others 14%

2023 Data

Gross Charges billed in 2023 \$1,640,384

Refunds \$6,682

Net receipts \$621,883

Medicare Receipts \$253,889

HMO Medicare Receipts \$211,534

Anthem Receipts \$53,771

Medicaid HMO Receipts \$50,917

Medicaid Receipts \$6,160

Self-Pay Receipts \$1,963

Other Receipts \$43,649

Adjustment/Write Offs processed in 2023 \$1,028,194

SELECTION PROCESS

The selection process will be based on the responses to this Request for Information, and any proposal review sessions. A committee comprised of members from the Department of Fire & Emergency Services and the Finance Department will judge each vendor's response as determined by meeting the following criteria:

1. Meeting all Request for Information Conditions and miscellaneous instructions as outlined herein, and the clarity, completeness and comprehensiveness of the proposal.
2. Providing references (which will be contacted) of past (all customers who have terminated services during the past two calendar years) or current customers within the State of Ohio of the proposed services verifying service levels and capability of the vendor's to provide a thorough solution.
3. Proposing the medical billing service and accounts receivable which will best address the City's goals and objectives as set forth in this document. This shall include:
 - a. Having experience with services of comparable scope and size to this request within the last two years in providing billing for agencies similar to those described in this document to fire departments. This includes the ability to separate billing for City residents from non-residents.
 - b. Providing references verifying exemplary service levels for similar/same services.
 - c. Providing the number of claims you currently process, in total, for each of your clients that make up your business portfolio.
 - d. Providing a complete timeline detailing implementation to ensure continuation of service.
4. Meeting all 'Request for Information' mandatory requirements and/or specifications as outlined herein.

5. Proposing the medical billing and accounts receivable services at the most advantageous cost to the City commensurate with current budget constraints.

The review committee will select the proposals, which appear most beneficial. These vendors may be asked to provide a presentation to the review committee during the evaluation period. All costs associated with the presentation will be solely the responsibility of the vendor. No negotiations, decisions, or actions shall be initiated by any firm as a result of any verbal discussion with any City employee prior to the opening of responses to this document. The City reserves the right to select, and subsequently recommend for award, the proposed equipment/service which best meets its required needs, quality levels, and budget constraints.

CONTRACT PERIOD AND PAYMENT TERMS

A formal contract will be used and shall control subject to specifications, requirements, and conditions contained herein. A contractual period will begin following the City's approval of the recommended proposal (term of Agreement). The contract period shall cover a period of two calendar years and be automatically extended for two (2) additional terms of one (1) year each at the discretion of the City.

Payment shall be made on a monthly percentage of collection basis. The percentage of collection fee will be based on actual revenue received less refunds on overpayments. Payment will be made to vendor within thirty days from receipt of invoice.

MINIMUM FIRM QUALIFICATIONS

This section lists the criteria to be considered in evaluating the ability of firms, interested in providing the services and/or products specified, to be considered for award. Specific responses to each must be provided in the accompanying Response Form. It is expected that the successful firm will exceed these qualifications. Firms shall:

1. Be certified/licensed for the types of services specified and proposed and provide copies of all applicable certifications or licenses;
2. Provide a bank reference statement and/or a copy of the most recent, audited, financial statement;
3. Have the capacity to acquire all required permits, coordinate with necessary approving/monitoring agencies;
4. Have provided services similar to those specified herein for a minimum of three (3) years; and
5. Be prepared to discuss any current MCS violations and any ongoing litigation that may cause conflicts or affect the ability to provide services.

MANDATORY SERVICE SPECIFICATIONS AND REQUIREMENTS

The City desires the most thoroughly engineered and acceptable service available. The following specifications outline the minimum requirements of the proposed service. They are provided to assist vendors in understanding the objectives of the City and submitting a thorough response. Proposals received must reflect in detail their inclusion and the degree provided. Vendors may propose methodologies which meet the “spirit” of the listed requirements, but shall note that the proposed service which meets all, or most closely meets the specifications will be recommended for award within the listed selection criteria. The successful vendor shall provide a service which:

1. Provides the following bill services: **EMS transport billing**
2. Utilizes billing software that accepts electronic uploads of patient demographic data from the Fire Department’s Reporting Management System (RMS). This electronic upload, accomplished through an interface between the vendors’ billing software and the Fire Department’s RMS shall electronically upload the patient treatment narrative as written in the Fire Department’s EMS module as well as all other information deemed necessary by the billing vendor.
3. Provides an audit system designed specifically for the EMS accounts so all information is made available to the Department of Fire & Emergency Services to monitor billing activities at the discretion of the Department of Fire & Emergency Services.
4. A responsive proposal shall include the steps taken to prevent data breaches AND the remedies from the provider to cure these, including but not limited to revenue loss, data recovery, etc.
5. Provides on-site training for Department of Fire & Emergency Services staff, at no additional expense to City
6. Guarantees daily document retrieval through a lock-box arrangement with the City banking institution to facilitate daily posting of revenue to patient accounts.
7. Provides pre-collection activities on accounts to significantly reduce accounts being deemed “uncollectible.” At a minimum, this activity should include: three (3) statements sent with no returned mail, if returned mail—contact “emergency contact,” one (1) telephone contact or three (3) attempts for telephone contact.
8. Accepts responsibility for all EMS consumer billing inquiries and retrieval of medical records for affiliated agencies on normal business days from 8:00 am to 5:00 pm.
9. Accepts responsibility for all EMS consumer complaints and compliments by providing this information to the Department of Fire & Emergency Services administration (hard copy) no later than the following workday or by computer media.
10. Ensures responsibility for maintaining all software necessary to fulfill this agreement as well as the computer hardware to the extent that it owns such hardware.
11. Guarantees the ability to define Department of Fire & Emergency Services specific general ledger accounts for cash, accounts receivable, general adjustments, bad-debt write-off, etc.
12. Supplies the Department of Fire & Emergency Services administration with financial reports on an as-needed daily basis.

13. Guarantees that EMS administration will receive hard copy documents concerning procedure changes relating to the Medicare B coverage for ambulance, the Medicaid of Ohio coverage for ambulances and any other commercial/individual carrier changes that develop throughout the course of this contract.
14. Reflects in the monthly percentage of collection fee schedule all business costs including, but not limited to, the following: personnel, statements, envelope and return mail envelopes, HCFA 1500 claim forms, electronic clearinghouse service fees and postage.
15. Describes in detail how EMS would recover from a default by the successful vendor during the contractual period using the medical accounts receivable software.
16. The successful vendor must submit and maintain an approved affirmative action plan throughout the life of the contract.
17. The successful vendor shall provide information and training relevant to HIPPA as it relates to EMS billing, and the training is at no additional expense to City.
18. Provide an Independent Service Auditor's Report on Management's Description of a Service Organization's System and the Suitability of the Design and Operating Effectiveness of Controls Report (SSAE No.16) by May 1st of each year.
19. Provide on-line monthly financial information detailing cash received by insurance company.
20. Provide detailed accounts receivable aging by insurance company to the City's Finance Department on an as-needed basis.

QUESTIONS

Specific technical information about the EMS billing functions may be directed to Fire Chief Chad A. Hollinger, 937-498-2346; or Finance Officer Renee Dulaney, 937-498-2335.

REQUEST FOR INFORMATION TIMELINE

The following dates are provided for informational purposes and are subject to change without notice. Contact Jennifer Wagner at 937-498-8749 to confirm any/all dates.

Proposals due before – 5:00 pm, local time, November 22, 2024.

PROPOSAL CONDITIONS

In submitting a response to this Request for Information, vendors hereby understand the following:

1. All project participants, consultants, engineers, and contractors, must comply with all applicable Federal, State, and City laws pertaining to contracts entered into by governmental agencies, including non-discriminating employment. Contracts entered into on the basis of submitted proposals are revocable if contrary to law.

2. Alternate proposals (two or more proposals submitted) will be considered for award. The City reserves the right to make the final determination of actual equivalency or suitability of such proposals with respect to requirements outlined herein. The proposals submitted, and any further information acquired through interviews, will become, and is to be considered, a part of the final, completed contract. Vendor's initial offer should therefore be based on the most favorable terms available from a price and technical standpoint. It may also request best and final offers from such vendors, and make an award and/or conduct negotiations thereafter. The City reserves the right to negotiate separately with any vendor after the opening of this Request for Information when such action is considered in its best interest. Subsequent negotiations may be conducted, but such negotiations will not constitute acceptance, rejection, or a counter-offer on the part of the City.
3. Prices proposed may not be withdrawn for a period of 120 days immediately following the opening of this Request for Information. Prices **MUST** also be free of federal, state, and local taxes unless otherwise imposed by a governmental body, and applicable to the material on the proposal.
4. Vendors **MUST** return four (4) signed, completed copies of the attached Response Form (or submit one copy via fax or email) to the City of Sidney, Attn: Jennifer Wagner, Accountant/Purchasing Agent, 201 West Poplar Street, Sidney, Ohio, 45365, by **5:00 pm, local time, November 22, 2024**. All requested information must be supplied. If you cannot respond to any part of this request, state the reason you cannot respond. You may provide supplemental information, if necessary, to assist the City in analyzing your proposal.
5. The supplier shall hold and save the City and its officers, agents, servants/employees harmless from liability of any patented, or unpatented invention, process, article, or appliance manufactured, or used in the performance of the contract, including its use by the City.
6. Payment of the vendor's invoices is subject to adjustment for any shortage, or for the rejection of any item or items.
7. The City shall retain the right to reject any and/or all proposals received, and responses to this and/or related documents, if determined to be non-responsive in any form, or if determined to be in the best interest of the City. It shall further be understood that the Vendor's sureties and insurers are subject to the approval of the City.
8. If a response to this Request for Information is accepted, the vendor agrees to execute and deliver to the City a contract in accordance with the Contract Documents (if applicable) within ten days of notice of the award to the Vendor. The final form and content of the resultant contract shall be as is ultimately reviewed and approved by the City's Law Director.
9. The vendor hereby certifies that he/she has carefully examined all of the documents for the project, has carefully and thoroughly reviewed this Request for Information and understands the nature and scope of the work to be done; and that this proposal is based upon the terms, specifications, requirements, and conditions of the Request for Information and documents. The vendor further agrees that the performance time specified is a reasonable time, having carefully considered the nature and scope of the project as aforesaid.
10. All products/services and related equipment proposed and/or affected by acquisitions or purchases made as a result of the response to this document shall be compliant with existing City hardware, software, and applications where applicable.

11. It shall be understood that any proposal and any/all referencing information, submitted in response to this Request for Information shall become the property of the City and will not be returned. The City will use discretion with regards to disclosure of proprietary information contained in any response, but cannot guarantee that information will not be made public.
12. The City will not be responsible for any expenses incurred by any vendor in the development of a response to this Request for Information, including any onsite (or otherwise) interviews and/or presentations, and/or supplemental information provided, submitted, or given to the City and/or its representatives. Further, the City shall reserve the right to cancel the work described herein prior to issuance and acceptance of any contractual agreement/purchase order by the recommended vendor even if the City has formally accepted a recommendation.
13. By submission of a response, the vendor agrees that at the time of submittal, he/she: 1) has no interest (including financial benefit, commission, or any other remuneration) and shall not acquire any interest either direct or indirect, that would conflict in any manner or degree with the performance of vendor's services, or 2) benefit from an award resulting in a "Conflict of Interest" (see attached form). A "Conflict of Interest" shall include holding or retaining membership or employment on a board, elected office, department, division or bureau, or committee sanctioned by and/or governed by the City. Vendors shall identify any interests, and the individuals involved, on separate paper with the response.

**EMERGENCY SERVICES BILLING PROGRAM
PROPOSAL RESPONSE FORM**

All firms interested in proposing MUST provide four (4) copies of the following requested information on these pages or one (1) emailed copy and return with any supplementary materials to Jennifer Wagner, Accountant/Purchasing Agent, **201 West Poplar Street, Sidney, Ohio, 45365 before 5:00 pm, local time, November 22, 2024.**

The undersigned, on behalf of the Vendor, certifies that: 1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation making a proposal on the same project; 2) is in all respects fair and without collusion or fraud; 3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposal is entered; 4) they have read the complete Request for Information and understand all provisions; 5) if accepted by the City, this proposal is guaranteed as written and amended and will be implemented as stated; and 6) mistakes in writing of the submitted proposal will be their responsibility.

FIRM NAME: _____

CONTRACT: _____

SIGNATURE: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ FAX: _____ HOURS: _____

TAXPAYER I.D. NUMBER: _____

NUMBER OF LOCATIONS: _____ NUMBER OF PERSONS EMPLOYED: _____

COMPANY WEBSITE: _____

EMAIL: _____

TYPE OF ORGANIZATION:

Public Corporation Private Corporation

Sole Proprietorship Partnership Minority Business

Woman-owned Business Small Business Manufacturer

Distributor Retail Dealer

We acknowledge receipt of addenda: # _____, dated _____; # _____, dated _____

PRICING/IMPLEMENTATION INFORMATION

1. The City expects to be billed on a monthly basis by a third-party vendor for EMS transport billing services. Identify and explain the monthly fee structure your firm will charge the City for EMS transport billing services.
2. Please state and detail any additional charges that your firm will charge for administering EMS transport billing services.
3. Please provide a timeline for continuation of the proposed EMS transport billing program including components such as training, credentialing and any miscellaneous billing functions.

TECHNICAL INFORMATION

4. Please indicate whom your firm anticipates to assign to the City as the project manager/primary consultant for EMS transport billing services. List the credentials of this individual.
5. List the individuals in the office that are certified coders by one of the two national coding organizations for medical billing.
6. Describe any characteristics or capabilities, which may make the vendor uniquely qualified to provide the emergency services billing.
7. Identify at least five (5) current client references from within the State of Ohio who are EMS transport clients. Also identify any and all former clients who have terminated services with your firm in the last two (2) years. If possible, please identify the reason(s) each of those clients terminated services.
8. Please provide a description of the firm, its organization, size and nature of general services, office facilities available, and a description of any special equipment, which will assist in fulfilling the services solicited herein. Specify the software supplier used and its version.

9. Can your firm meet the MANDATORY REQUIREMENTS listed on pages 5 & 6?

Mandatory Requirements	YES	NO	Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

10. Describe the generation of patient statements and what forms, if any, a patient may receive.

11. Discuss in detail how the City would recover from a default by the successful vendor during the contractual period using the medical accounts receivable software. Explain how we would recover if you or your software vendor should stop doing business.

12. Thoroughly explain the on-site training your firm will provide to the Department of Fire & Emergency Services staff. Also explain any other client training your firm provides to clients.

13. Discuss the audit system to be designed for the City and how it will be made available to monitor billing activities and accounts receivables at the discretion of the Department of Fire & Emergency Services.

14. Describe the composition of your firm's portfolio:

Total number of EMS transport billing clients

Number of EMS transport clients in the following annual transport categories:

- 0-500 annual transports
- 501-2000 annual transports
- 2001-5000 annual transports
- 5001-10000 annual transports
- +10,000 annual transports

State(s) in which your firm currently has EMS transport billing clients

15. Describe your company's knowledge and response to the OIG's Compliance Program Guidance for Third-Party Medical Billing Companies.

16. List the capabilities of your firm to receive data (demographics, charges, and Medical Necessity information) from the City electronically.

17. List the capabilities of your firm to send (demographics, charges, and Medical Necessity information) to insurance companies for payment electronically.

18. Describe your billing/claim follow-up process.

19. Submit three (3) samples of your reports, including patient data reports or screen prints. Include any reports, which show the effectiveness of your firm. Explain the "canned" report capabilities of your firm's billing software system and also explain any "ad hoc" report generation capabilities your billing software system may have.

20. During the preceding calendar year, how did the average client in your firm's portfolio perform in the following areas:

- a. Percentage of payments to client vs. total client dollars charged into billing system
- b. Percentage of payments to client vs. total dollars billed to insurance and individuals
- c. Net receipts per transport (after fees)

21. Will your billing software identify City residents? Is your billing software able to separate City residents from non-residents?

22. Describe your company's customer service policies and telephone answering procedures. Do you have a toll-free number for customer calls? What are your normal business hours in relations to answering customer service calls?

23. Describe your company's philosophy on and experience with the Office of Inspector General (OIG) Advisory Opinion 01-11 and OIG Advisory Opinion 04-12.

24. Describe the process of and frequency of how your company reports employee and vehicle changes to Medicare. Describe how your company reports changes as they pertain to the addition or deletion of employees, changes in employee certifications, and additions or deletions in respect to EMS transport vehicles.

25. Any additional information necessary to assist the City in evaluating your proposal may be listed here:

NON-COLLUSION AFFIDAVIT

State of _____)

ss:

County of _____)

_____, being duly sworn deposes and says that he/she is the _____, of _____, the Bidder which has submitted, on or about the ____ day of _____ will submit to the City of Sidney, Ohio, a bid/proposal for _____.

All as fully set forth in said bid/proposal; and that except as specified below, the aforementioned bidder constitutes the only person, firm, or corporation having an interest in said bid or in any contract, benefit, or profit which may, might, or could accrue or grow out of the acceptance in whole or in part of said bid/proposal, said exceptions being as follows:

Affiant further states that said bid/proposal is in all respects fair and is submitted without collusion or fraud; and that no member of the City of Sidney or officer or employee of said City has, directly or indirectly, any interest in said bid/proposal.

AFFIANT

Sworn to and subscribed before me, a Notary Public in and for the above-named State and County, this ____ day of _____.

NOTARY PUBLIC

PLEASE SUBMIT THIS COMPLETED FORM WITH YOUR PROPOSAL