

# **BOSTON PUBLIC HEALTH COMMISSION**

Boston Emergency Medical Services



## **REQUEST FOR PROPOSAL**

For

Emergency Medical Services  
Treatment/Transport Billing Services

January 15, 2025

## TIMELINE

The Boston Public Health Commission (BPHC) / Boston EMS is issuing a Request for Proposal (RFP) for EMS Treatment/Transport Billing Services.

RFP Timeline	
Wednesday, January 15, 2025	RFP and instructions available online at <a href="http://www.boston.gov/bids">www.boston.gov/bids</a> at 10:00 AM EST
Friday, January 24, 2025	Submit <b>Intent to Apply</b> due by email to be sent to Laura Segal, Chief of Staff, Boston EMS at <a href="mailto:Segal@bostonems.org">Segal@bostonems.org</a> .  <i>Subject title:</i> RFP Intent to Apply - Treatment/Transport Billing Services <i>Message:</i> Provide company name, point of contact, address, and intent to apply.
Friday, January 24, 2025	Submit <b>Questions</b> concerning this RFP due in writing by 5:00 PM EST to Laura Segal at <a href="mailto:segal@bostonems.org">segal@bostonems.org</a> .  <i>Subject title:</i> RFP Questions - Treatment/Transport Billing Services
Friday, January 31, 2025	Responses to written questions posted on <a href="http://www.boston.gov/bids">www.boston.gov/bids</a>
Friday, February 7, 2025	<b>RFP Proposal</b> due by 3:00 PM EST as PDF document to Laura Segal at <a href="mailto:segal@bostonems.org">segal@bostonems.org</a> .  <i>Subject title:</i> RFP Submission - Treatment/Transport Billing Services  <b>NO EXCEPTIONS TO THIS DEADLINE</b>
Week of February 10 <sup>th</sup> and 17 <sup>th</sup> , 2025	<b>Vendor Presentations:</b> After initial review of proposals, at the discretion of BPHC/Boston EMS, vendors may be invited to present on their solution, either virtually or in person.
Friday, February 28, 2025	Notification of selection is expected to occur on or before this date. BPHC has the discretion to extend this time period without notice to the proposers. All proposals shall remain valid and open for a period of one hundred twenty (120) days from the proposal submission date, unless a proposer notifies BPHC of its withdrawal.
March 1 through June 30, 2025	Pre-Implementation phase for selected proposer.
Tuesday, July 1, 2025	Selected proposer assumes responsibility for Boston EMS treatment/transport billing services.

## A. INTRODUCTION AND BACKGROUND

The Boston Public Health Commission (BPHC) is the local public health department for the city of Boston. BPHC's mission is to work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities. Boston Emergency Medical Services (Boston EMS), a Bureau of the Boston Public Health Commission, is the City's municipal 911 pre-hospital provider.

The BPHC, on behalf of Boston EMS, is soliciting proposals from qualified vendors (Vendors) to provide emergency medical treatment/transport billing, collection, and financial reporting services. This includes complete management of the billing process. The successful Vendor will seek to maximize revenue collection and minimize turnaround time from service provision to payment collection, while providing superior customer service to the patients of Boston EMS and third-party payers.

Boston EMS responds to over 138,000 incidents per year resulting in more than 90,000 transports, making it the largest municipal EMS provider in New England and one of the busiest EMS services in the country. Boston EMS employs over 400 EMTs and Paramedics, in addition to Supervisory, Command, and Support personnel. During peak periods, the department deploys a minimum of twenty-one (21) Basic Life Support (BLS) ambulances and five (5) Advanced Life Support (ALS) ambulances from seventeen (17) stations across the City. Boston EMS personnel also staff the EMS Dispatch Operations Center which is co-located at the City of Boston 9-1-1 Public Safety Answering Point at Boston Police Headquarters.

Boston EMS currently charges a base rate of \$1,454.25 for BLS (A0429), \$1,695.75 for ALS-1 (A0427), and \$2,301.60 for ALS-2 (A0433). The mileage charge (A0425) is \$27.26 per loaded mile, with an average of 2.8 miles per transport. Rates increase annually, in accordance with the medical consumer price index. The Department does not currently provide non-emergency inter-facility transport or critical care transport. Approximately 97% of transports meet the CMS classification for medical necessity. While Boston EMS' payer mix and transports by level of service vary from one month to the next, below are the most recent figures:

<b>Payer</b>	<b>% of Transports</b>
Tier 1: Local Commercial	11%
Tier 2: National Commercial	5%
Tier 3: Medicaid	37%
Tier 4: Medicare	37%
Tier 5: Other Government	2%
Tier 6: Self Pay	8%

The current distribution by service level is as follows:

<b>Service Level</b>	<b>% of Transports</b>
BLS (A0429)	91%
ALS-1 (A0427)	8%
ALS-2 (A0433)	1%

## **B. INSTRUCTION TO BIDDERS**

### **1. BIDDING PROCESS, DETAILS AND REQUIREMENTS**

- 1.1. LOCATION & REPUTATION** - Proposals shall only be accepted from vendors located in the continental United States, that have an established reputation of permanency and reliability in the field of emergency medical transport billing and revenue collection services. Each proposer shall furnish satisfactory evidence of its ability to provide the services as specified.
  - 1.2. EMS & HOSPITAL REFERENCES** – To verify the vendor’s history of satisfactory performance in emergency medical (911) transport billing, three (3) comparable (to Boston EMS) references are required for whom the vendor currently provides similar work, as described in this RFP. Additionally, the vendor must demonstrate a proven track record of developing, enhancing, and maintaining effective and functional relationships with hospitals to facilitate the transfer of billing-related information. As such, three (3) hospitals with which the Vendor currently has such relationships shall also be listed as references.
  - 1.3. ADDENDA** - Any changes to the bid documents shall be made only by written addenda issued no later than four (4) calendar days prior to the date set for bid due date. Prospective bidders shall bear the entire responsibility for being sure they have received any and all such addenda
  - 1.4. INCREASE AND/OR REDUCTION OF ESTIMATED VOLUME** – The bidder’s attention is directed to the fact that the transport volume indicated in this contract are approximate and are subject to increase or decrease due to factors within and outside of Boston EMS’ control. An increase or a reduction in volume will in no way alter the price set forth by the vendor.
  - 1.5. VENDOR EXPENSES** - Vendors are solely responsible for their own expenses in preparing a proposal and for subsequent negotiations with BPHC, if any. If BPHC elects to reject all proposals, BPHC will not be liable to any vendor for any claims, whether the costs or damages incurred by the vendor in preparing the proposal, loss of anticipated profit in connection with any final contract or any other matter whatsoever.
  - 1.6. ADVERTISEMENT** - It is further agreed that any vendor submitting a proposal will not use the name of the Boston Public Health Commission or Boston EMS in any advertisement without first obtaining the written consent of the BPHC Legal Counsel.
  - 1.7. PROPOSAL SUBMISSION CHECKLIST** – When completed, check off and sign the proposal checklist to ensure inclusion of all requested items.
- 2. PROPOSAL WITHDRAWAL** – Any proposal may be withdrawn until the date and time stated above for the opening of the proposals. Any proposals not so withdrawn shall constitute an irrevocable offer to sell to the Boston Public Health Commission the services indicated for a period of sixty (60) days, or until one or more of the proposals have been accepted by the Department, whichever occurs earlier.
  - 3. IMPLEMENTATION** - The Vendor shall conduct the work in such a manner and in such sequence as to ensure the least interference with Boston EMS operations.
    - 3.1.** All vendors shall submit, with their proposal, a preliminary schedule which must account for data exchange with the Boston EMS electronic patient care reporting system (MetroPCR), demographic data exchange from the receiving facilities, demographic validation with the New England Healthcare Exchange Network (NEHEN), and all preparatory work to meet service deliverables.
    - 3.2.** Preliminary implementation schedule shall be submitted to the Boston EMS Chief of Staff. The schedule and any additional specifications not clarified in the proposal require approval prior to commencement of the work.

3.3. Vendor shall submit weekly, two-week ahead memos to project team throughout the pre- implementation process.

4. **PAYMENT TERMS** - The vendor shall outline clear fees to Boston EMS for the provision of Treatment/transport billing services. Traditionally, Boston EMS pays a flat percentage-based fee of collections. All contracted work to be done, furnished and/or installed shall be done by the Vendor at its entire cost and expense, unless otherwise provided therein.

5. **ADDITIONAL TERMS**

5.1. The vendor selected by Boston Public Health Commission in response to this RFP shall execute Boston Public Health Commission's standard contract and associated contract attachments. While such documents do not need to be completed at this time, vendors should review them closely and be prepared to be able to comply with their provisions. Below are additional terms the selected vendor must agree to:

5.1.1 BPHC/Boston EMS intends to sign a (3) year contract. At BPHC/Boston EMS' discretion, the Contract may be renewed for two (2) additional one (1) year periods, for a total of five (5) years.

5.1.2 At the end of the Contract Term, the Vendor shall agree to process all claims with dates of service up to the last date of service prior to contract termination, for a period of four (4) additional months. This is intended to allow for 95% anticipated revenue for the final month of service to be received. The timeline may be extended by up to four (4) additional months, if this rate of collections is not expected to be met. The Vendor shall facilitate the transfer of all accounts in process/not yet processed to BPHC/Boston EMS or its designated agent at the conclusion of the four (4) months. The Vendor will provide the necessary data and account documentation, both hard copy and electronic data in order to facilitate a smooth transition. All data must include associated data dictionaries and be provided in formats as defined by the receiving entity, to optimize uploading and transfer to other databases. One or more representatives shall be designated by the Vendor to provide data and address any and all questions pertaining to records, to ensure claims processing is not impacted by the transfer of services. Transfer of data to Boston EMS or designee shall not exceed 30 days from the date of request, unless a later date is mutually agreed upon. Boston EMS shall retain access to any and all systems for viewing records after the termination of contract. Access to records and transfer of data shall not incur any additional cost to Boston EMS.

5.1.3 All data pertaining to BPHC/Boston EMS shall not be used by the vendor for purposes other than billing and collections for BPHC/Boston EMS unless authorized.

5.2 In addition to the provisions in BPHC's standard contract, any addenda thereto, and the contract attachments, vendors must demonstrate their compliance with:

5.2.2 **CMS** - All applicable Medicare and Medicaid guidelines.

5.2.3 **HIPAA** - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all associated requirements.

5.2.4 **IDENTITY THEFT** - Establish an Identity Theft Prevention Program designed to ensure compliance with the requirements regarding the prevention, detection and mitigation of identity theft as set forth by the Federal Trade Commission in the Federal Regulations known as the "Red Flag Rules".

5.2.5 **DATA SECURITY & CONTINUITY OF OPERATIONS** - The Vendor shall have policies and systems in place designed to protect and recover client data from a system failure, breach, or natural disaster, including but not limited to a cyber-

attack, a network disruption, a long-term power outage, a fire, a flood or other incident impacting access to, completeness or accuracy of information. The Vendor shall provide a system that will ensure a complete and uninterrupted flow of service via back-up systems and a data recovery system(s) should a disaster occur. The Vendor shall provide a copy of the Vendor's policies and procedures for review by BPHC/Boston EMS' Information and Technology Services Department. All breaches or interruptions shall be immediately reported to Boston EMS upon discovery.

**5.2.6 NEMSIS** - The Vendor shall be compliant with the National EMS Information System (NEMSIS) recommendations and requirements.

**6. FINANCIAL STATEMENTS** – The Vendor shall provide, upon request, their audited annual financial statements for the prior two years.

### **C. GENERAL PROVISIONS**

- 1. AWARDS** - Following review of all proposal by BPHC/Boston EMS and their recommendation to the Department of Administration and Finance, awards, if any, will be given to the best responsible vendor.
- 2. WORKING HOURS** - Boston EMS is a 24-7 operation, although the administrative offices maintain standard Monday through Friday 9AM to 5PM business hours. The Vendor shall be available to provide client support and customer service during these EST business hours.
- 3. TRAVEL** - No paid travel time will be allowed from the Vendor's location to the Boston EMS buildings.

### **D. SCOPE OF WORK**

This section outlines the scope of work for emergency medical service treatment/ transport billing, collection, and financial reporting services. The Vendor must assume responsibility for receiving and translating data from BPHC/Boston EMS electronic patient care reports into collectible accounts. This includes locating and billing emergency medical treatment/transport service recipients, individual and/or third-party clients, filing and collecting Medicare/Medicaid claims, filing and collecting private insurance claims and processing all payments. The Vendor will be required to collect delinquent accounts, resolve fee-related inquiries and complaints from emergency medical transport service recipients, provide copies of bills, support and process hardship requests, and provide performance reports. The Vendor shall be expected to provide analysis and expertise on all matters related to emergency medical treatment/transport billing and collection. Boston EMS is looking for financial analytic expertise, allowing for comprehensive reporting.

The Vendor shall be available to meet monthly with BPHC/Boston EMS to review collections for the month prior, performance reports and other pertinent issues.

#### **1. BILLING**

**1.1 ePCR INTERFACE** - By the date of implementation, the Vendor shall have an operational and reliable electronic patient care reporting (ePCR) billing interface in place with METROPCR ePCR Software. BPHC/Boston EMS shall generate an electronic file for each patient care report to be billed. BPHC/Boston EMS shall make every attempt to generate these files daily, on a T-4 schedule. The Vendor must be prepared to receive these files via a secure file transfer.

**1.2 RECEIVING FACILITY DEMOGRAPHIC VALIDATION** – The Vendor will work with all receiving facilities (including but not limited to hospitals) during the pre-implementation phase (and on an ongoing basis) to ensure patient demographic information, as entered by receiving facility personnel, are effectively matched against Boston EMS transport records. The data exchange shall include data points as defined by Boston EMS and occur on an agreed schedule, allowing for updates to demographic information. Where possible, the Vendor shall have access to medical records at the facility to further validate patient demographic information. While Boston EMS will facilitate the introductions, it is the

- responsibility of the Vendor to establish the data exchanges. The data fed from the receiving facility must include patient name, plan codes, insurance names, insurance address, ACO and MCO identifiers, Medical Record Number, Boston EMS incident number (if captured), with the option to add more fields, as defined by Boston EMS (at no additional cost to Boston EMS) The vendor will actively manage and monitor the data exchange with receiving facilities to optimize demographic accuracy and mitigate potential interruptions associated with system changes.
- 1.3 MODIFICATIONS** - It is the responsibility of the Vendor to modify its billing system at its own expense to capture the necessary data generated from the BPHC/Boston EMS ePCR software and support data exchange with receiving facilities. BPHC/Boston EMS shall not under any circumstances be required to modify its current system nor shall it authorize the Vendor to make any modifications to BPHC/Boston EMS' current system or receiving facility systems in order to satisfy the Vendor's requirements in response to this solicitation. The Vendor will develop new interfaces, at no additional cost, should BPHC/Boston EMS or hospitals make changes to their systems.
  - 1.4 INSURANCE VERIFICATION** - The Vendor shall conduct any and all follow-up required to verify they have the appropriate insurance information for patients. The Vendor shall utilize resources available, including but not limited to healthcare clearinghouses and the New England Healthcare Exchange Network (NEHEN), to support verification of patient insurance information. All costs for such services shall be covered by the Vendor.
  - 1.5 DIAGNOSIS CODES** - The Vendor will verify medical necessity and diagnosis codes for accuracy before submission. The vendor will contact BPHC/Boston EMS with problem codes. The Vendor will be required to assist BPHC/ Boston EMS in maintaining and updating its master diagnosis code table. Any measures to streamline the coding process by restricting codes available for selection are discouraged.
  - 1.6 INVOICE PROCESSING** - BPHC/Boston EMS expects that initial invoices will be processed within ten (10) business days of the date of service. All efforts shall be made to streamline the billing process, including data collection and validation, to support not only timely but also comprehensive and accurate billing.
  - 1.7 RATES** - The Vendor shall prepare invoices in accordance with the rates established by BPHC/Boston EMS, the guidelines and procedures established by BPHC/Boston EMS in conjunction with the Vendor, and all applicable laws, rules and regulations.
  - 1.8 CHARITY CARE** – The Vendor shall strive to identify patients who qualify for charity care, including enrollment in the Health Safety Net or qualification for a hardship waiver in the last year, to allow the account to be written off as Charity Care prior to billing the patient.
  - 1.9 INVOICES** - Invoices for services rendered shall be in accordance with BPHC's Vendor Invoice Requirement and Submission Letter and contain the following information: Account Number, Invoice Number, Date Issued, Name of Patient, Name of Responsible Party (if different from patient), Complete Patient Address, Date of Transport, Cost of Transport (including a cost breakdown), Amount Patient Owes (if applicable), Incident Number, Toll-free Billing Inquiry Telephone Number, URL for secure online payment, and appropriate messaging as approved by Boston EMS/BPHC.
  - 1.10 INVOICE FILING** - The Vendor shall file invoices, electronically or by mail, to the appropriate parties including insurance companies, Medicare, Medicaid, and individuals, using a process approved by BPHC/Boston EMS. BPHC/Boston EMS shall approve all forms and correspondence. No changes will be made to the forms or correspondence without prior approval. BPHC/Boston EMS will work with the vendor to establish procedures for monitoring the timeliness of filing.
  - 1.11 RECORD ACCESS** – The vendor shall provide Boston EMS with access to view the status of patient claims. All third party (i.e. law office) invoice record requests shall be handled in accordance with Boston EMS' record sharing practice, which currently involves using the ChartSwap online application.

**2. COLLECTIONS**

- 2.1 REQUESTS FOR INFORMATION** - To determine payer status, the Vendor may send

Requests for Information (RFI), invoices and additional mailings to ensure the correct insurance information is collected and patients are aware of the portion of the bill they are responsible for. In addition to mail, the billing company may contact the patient by phone. All communication must be in alignment with language reviewed and approved by BPHC/Boston EMS.

- 2.2 **PATIENT INVOICING-** Patients shall not receive more than two bills, with the second bill sent after 30 days from the first. Between the first and second statement, the Vendor shall initiate a call to the patient to verify insurance and inform them of Boston EMS' compassionate billing options, including hardship waivers and reductions, as appropriate. Boston EMS does not currently use a collection agency for delinquent accounts. The language of the invoices and phone call scripting shall be subject to review and approval of BPHC/Boston EMS. All invoices should be developed using an algorithm to specifically inform patients of any missing information that might hinder the ability to process a bill. If the insurance company is underpaying their obligated portion of the bill, the Vendor will include a letter advising the patient accordingly.
- 2.3 **CLAIMS RESOLUTION** - The Vendor shall be responsible for follow-up on each medical claim rejected by an insurance provider (Medicare, Medicaid, commercial carriers, etc.). The Vendor shall be responsible for contacting insurance providers by telephone, mail, and/or fax in order to resolve each rejected claim on a claim-by-claim basis. The Vendor shall be responsible for furnishing insurance providers with all requested patient information, medical information, medical documentation, and resubmission of a rejected claim. On a monthly basis, the Vendor will prepare and deliver a written report to BPHC/Boston EMS for all rejected claims detailing the reason for rejection and provide documentation on each claim resubmitted.
- 2.4 **LOCKBOX** - The Vendor shall have all payments electronically forward to a designated BPHC/Boston EMS bank account. All payments for BPHC/Boston EMS shall be made to a secure lockbox.
- 2.5 **COMPASSIONATE BILLING** - Boston EMS, as the City of Boston's municipal pre-hospital provider, strives to ensure patients' ability to pay does not impact their decision to call 9-1-1 during a medical emergency. The Vendor shall coordinate hardship applications, payment plans and discount options for uninsured patients, in accordance with guidelines set forth by BPHC/Boston EMS.
- 2.6 **OVERPAYMENT** - The Vendor shall notify BPHC/Boston EMS of any account overpayment on a monthly basis. Notification shall be delivered electronically. The notification shall include the following information: the patient's name, patient's address, date of service, incident number, insurance provider, amount to be refunded, name and address of individual/company receiving refund, and reason overpayment occurred. The Vendor shall process all refunds and overpayments in a timely manner approved by BPHC/Boston EMS. To facilitate prompt payment, the Vendor shall pay refunds to patients directly and request repayment from Boston EMS monthly.

### 3. CUSTOMER SERVICE

- 3.1 **CALL CENTER** - The Vendor shall provide Customer Service Representatives (CSRs), available 8:00 A.M. to 5:00 P.M. EST, Monday through Friday, except for federal holidays, to assist patients, their representatives and third-party payors in all billing inquiries in a timely and courteous manner. Customer calls will be facilitated through an "800" exchange dedicated to Boston EMS. The toll-free number and the Vendor's website address shall be posted on all communications sent to patients and other third-party payors. BPHC/Boston EMS prefers Vendors that can communicate in multiple languages to serve patients whose primary language is not English. The call center shall have systems in place to mitigate any potential disruption. BPHC/Boston EMS shall be notified immediately of any service disruption.
- 3.2 **SCRIPTS** - All scripts and protocols for answering and placing telephone calls shall be agreed upon prior to the commencement of the Contract between the Vendor and BPHC/Boston EMS. A record of telephone calls and contacts shall be maintained and shall be available upon request.
- 3.3 **CALLS TO PATIENTS** – BPHC/Boston EMS will look favorably on Vendors who have the



capacity to place a live call to patients with self-pay responsibility, to verify insurance status and review Boston EMS' compassionate billing options.

- 3.4 SATISFACTION SURVEY** - A patient satisfaction survey shall be included in the invoice mailing as a link or a document with a return, postage paid envelope addressed to the Vendor. BPHC/Boston EMS will provide said survey, which is expected to be no more than two single-sided pages in length and of a size not to exceed 8.5" x 11". The Vendor will be responsible for all costs associated with mailing the survey. The Vendor will review, assess, and report on the results of the patient satisfaction survey on a monthly basis with an annual summary. Proposals should also include an option for the submission of the customer satisfaction survey via online form. All survey comments and aggregate survey results shall be recorded by the Vendor and sent to Boston EMS on a monthly basis.
- 3.5 COMPLAINTS** - The Vendor shall provide BPHC/Boston EMS with a copy of all letters of complaint within two (2) business days of receipt, and indicate what action was taken to achieve an acceptable resolution.
- 3.6 ONLINE ACCESS** - The Vendor shall provide patients with online access to their accounts, so they can review their account information and make secure payments via the Vendor's website.
- 3.7 THIRD PARTY BILL REQUESTS** – The Vendor shall support all third-party requests for copies of patient bills. The Vendor shall use the same platform as Boston EMS to support processing such requests. Boston EMS currently uses ChartSwap for this purpose.

#### **4. REPORTING**

- 4.1 ONLINE ACCESS** - The Vendor must provide BPHC/Boston EMS access to all billing and collecting data via a secure web-based interface. The Vendor shall provide BPHC/Boston EMS the ability to track individual accounts throughout the billing process, from the electronic posting of the billing file on the BPHC/Boston EMS secure server to receipt of payment.
- 4.2 DASHBOARD** – The Vendor shall create an online dashboard for members of BPHC/Boston EMS to view designated key performance indicators and more timely revenue updates.
- 4.3 REPORTING** - At a minimum and within the time frames specified, the Vendor shall be required to submit the reports detailed below to BPHC/Boston EMS. This list is not all-inclusive, and BPHC/Boston EMS reserves the right to change the reporting requirements at any time. The reports described below may be combined if the Vendor believes an alternative format is superior, however all information requested below must be captured. Sample reports should be included with the proposal. The Vendor should also describe and provide examples of any additional reports it believes may enhance BPHC/Boston EMS' understanding of the billing and revenue collection process.
- 4.4 PROVISION OF REPORTS** – Reports of the types described below must be provided to the BPHC/Boston EMS in a timely manner. Reports should be submitted electronically via a secure email delivery system. Reports should be provided in a printer-friendly MS Excel format and/or as PDF documents when requested. The Vendor is also required to submit quarterly and yearly performance reports summarizing the information presented in the monthly reports. Reports shall be provided on the 10<sup>th</sup> calendar day of the subsequent month, quarter or year.
- 4.5 ANNUAL & MONTHLY MEETINGS** – Vendor shall coordinate an on-site (at Boston EMS headquarters) or Video monthly meeting during a timeframe of approximately 7-10 days after the provision of the report, to review reports, trending and additional pertinent matters concerning transport billing. Vendor attendees shall include the client manager (in-person) and other relevant parties (in-person or via teleconference). The client manager shall bring copies of the monthly PDF report for distribution to BPHC/Boston EMS attendees. The July meeting shall be extended to serve as an annual review meeting, reviewing the prior and future year of transport billing.
- 4.6 AS NEEDED REPORTING** - BPHC/Boston EMS may require additional reports on an as-needed basis. Reports may need to be modified periodically depending on specific issues or needs that arise. The Vendor shall specify the process to add/change or delete specific reports.
- 4.7 MONTHLY REPORTS** – The following reports shall be provided as a standard report package provided on a monthly basis to the designated BPHC/Boston EMS team:

- 4.7.1 COVER PAGE**
- 4.7.2 TABLE OF CONTENTS**
- 4.7.3 CLIENT MANAGER REPORT** – All relevant issues, anomalies, meeting discussion topics, updates and items of note to discuss during meeting.
- 4.7.4 (1) MONTH SUMMARY REPORT** –include relevant account balance, billing, collections, adjustments, and balance for the month.
- 4.7.5 (2) EXECUTIVE SUMMARY REPORT** - Including, by month, transport volume (ALS, BLS & Total), charges (avg per transport charge, gross charges), collections (gross, adjustments (refunds, recoups & total adjustments) & net collections), collection rates based on date of service (gross collection rate (GCR), net collection rate (NCR), & gross collection per transport), accounts receivable (ending AR, days in AR, %AR >120 days), credit balance, adjustments (bad debt, collections, contractual, & total). This should provide a 12-month look-back by month for each category, with a 12-month total, current FYTD total, Previous FYTD total, current 12-month average, previous 12-month average and variance.
- 4.7.6 (3) FISCAL YEAR REVENUE** – 12-month revenue summary organized by deposit month and month of service shown in dollars.
- 4.7.7 (4) TRANSPORTS BY PAYER TIER** – transport by primary payer tier (Tier 1: local HMO/PPO, Tier 2: National HMO/PPO, Tier 3a: Medicaid – ACOs & MCOs, Tier 3b: Medicaid - MassHealth, Tier 4: Medicare, Tier 5: Other government, Tier 6: Self-pay, and total), broken down by month for the current and prior (full) fiscal year. The report should present this information in two charts, as a percentage and as the number of transports (this report should be updated monthly for all months, to reflect the most current payers). Each fiscal year should be presented separately with totals and averages.
- 4.7.8 (5) GROSS COLLECTIONS BY PAYER TIER** – net collections by primary payer tier (Tier 1: local HMO/PPO, Tier 2: National HMO/PPO, Tier 3a: Medicaid – ACOs & MCOs, Tier 3b: Medicaid - MassHealth, Tier 4: Medicare, Tier 5: Other government, Tier 6: Self-pay, and total), broken down by month for the current and prior (full) fiscal year. The report should present this information in two charts, as a dollar figure and as a percentage of the total.
- 4.7.9 (6) AR AGING BY MONTH** – accounts receivable broken down by month by current, 30, 60, 90, 120, 150, 180 and 210 days.
- 4.7.10 (7) AR AGING BY PAYER** – presented in dollars, grouped by tier, showing top 5 payers in each tier and ‘all others’, showing current, 30, 60, 90, 120, 150, 180, and 210 days, total AR \$, % by total AR, % over 120.
- 4.7.11 APPENDIX TITLE PAGE**
  - 4.7.11.1 (8) KEY PERFORMANCE TRENDS** – Including information for the following: transports, gross charges, gross charges per transport, gross collections, gross collections per transport, net collections, net collections per transport, GCR, NCR, contractual adjustments, net bad debt, days in AR, % AR>120 days, broken down as follows: current month (month, 6 month average, % variance), comparative rolling quarter (prior year same quarter, prior quarter, current quarter, % variance current vs previous year, % variance current vs previous quarter), fiscal year to date (FYTD prior year, FYTD current year, % variance), fiscal year over year (prior full fiscal year totals, % variance), fiscal year (run rate & % variance run rate vs previous fiscal year).
  - 4.7.11.2 (9) RUN RECONCILIATION REPORT** – by month for two fiscal years provide transports extracted from ePCR application, billable transports, EMS coding status: not medically necessary, completed, duplicate run, exported, non-transport, returned for review, EMS coding matches, and difference.
  - 4.7.11.3 (10) TRANSPORT HISTORIC LEVEL OF COMPARISON** – four-year

look-back (current and prior 3 fiscal years) of billable transports by month of service, by service level (with ALS counts broken down by transports, assessments & Advanced EMT) presented as counts with fiscal year average percentages and totals. Most current fiscal year should have this information presented as a percentage by month as well.

- 4.7.11.4 **(11) GROSS COLLECTION RATE YIELD** – by date of transport, shown as percentage, the GCR for each month and each tier, including 2 fiscal years, and averages for each fiscal year.
- 4.7.11.5 **(12) NET REALIZABLE VALUE** – based on GCR, gross charges and net realizable value, by payer tier, shown by month for fiscal year and fiscal year to date totals.
- 4.7.11.6 **(13) PROJECTIONS VS ACTUALS** – net collections reported by month, including original and current projections, actual collections and variance.
- 4.7.11.7 **(14) FISCAL YEAR NET REVENUE SUMMARY BY DEPOSIT DATE**  
All historic transport revenue by deposit month, by fiscal year, dating back to fiscal year 2009.
- 4.7.11.8 **(15) DENIALS BY TIER & CATEGORY** – provide denials by denial category for top 5 payers within each tier.
- 4.7.11.9 **(16) DENIALS BY SITE & CATEGORY** – charts with denials by receiving facility for each denial category, shown as counts and percentage.
- 4.7.11.10 **(17) DAYS IN AR BY PAYER** – top 5 payers for each tier, showing ending AR for the month, average days in AR, benchmark days in AR, and variance.
- 4.7.11.11 **(18) CHARGE (BILLING) LAG** – two fiscal years of average charge lag by month and average charge lag by receiving facility.
- 4.7.11.12 **(19) SELF-PAY PERFORMANCE** – True self-pay payments, charges and collection percentage, by month for the fiscal year, as well as self-pay after insurance payments, charges and collection percentage by month.
- 4.7.11.13 **(20) SUMMARY OF BAD DEBTS/COLLECTION/CONTRACTUAL ADJUSTMENTS** – provide detail by month, by category in dollars for bad debt, collection adjustments and contractual adjustments.
- 4.7.11.14 **CHARGE PAYMENT ANALYSIS BY TIER** – report for all accounts and by payer tier.
- 4.7.11.15 **BOSTON EMS RATES** – current rates, Medicare allowable and Medicaid allowable rates.

**4.8 MONTHLY EXCEL REPORTS** – The following reports, and any others determined by BPHC/Boston EMS shall be provided as a standard excel report package provided on a monthly basis to the designated BPHC/Boston EMS team:

- 4.8.1 **FISCAL YEAR REVENUE** – all historical month's revenue summary organized by deposit month and month of service shown in dollars.
- 4.8.2 **TRANSPORT HISTORIC LEVEL OF COMPARISON** – four-year look-back (current and prior 3 fiscal years) of transports by service level (with ALS counts broken down by transports, assessments & Advanced EMT) presented as counts with fiscal year average percentages and totals. Most current fiscal year should have this information presented as a percentage by month as well.
- 4.8.3 **CHARGE PAYMENT ANALYSIS BY TIER** – report for all accounts and by payer tier.

**4.9 CPE & MEDICARE REPORTS** – The Vendor will supply all required reporting to Boston EMS for the annual Certified Public Expenditure (CPE) report and any required CMS reporting.

**4.10 ADDITIONAL MONTHLY REPORTS** – Other reports may be required by specific members of BPHC/Boston EMS to support their function as it pertains to Boston EMS revenue

management, including outstanding checks and refund reports.

**4.11 QUARTERLY REPORTS** – The following reports shall be provided as a standard report package provided on a quarterly basis to the designated BPHC/Boston EMS team:

**4.11.1 REVENUE FORECAST:** Project expected revenues for future quarters and the fiscal year.

**4.11.2 QUARTERLY SUMMARY:** Provide an overview of collections and trends, summarizing the prior quarter. Comparing what was previously forecasted and provide details associated with any variances.

**4.11.3 THREATS AND OPPORTUNITIES:** outline any national or local trends in billing and collections that will or could impact Boston EMS.

**4.12 ANNUAL REPORTS** – The following reports shall be provided as a standard report package provided on an annual basis to the designated BPHC/Boston EMS team, which shall be reviewed in the in-person monthly meeting scheduled for July. Additional reports may be added as needed.

**4.12.1** Reports and report out providing a detailed overview of collections and billing for the prior year.

**4.12.2** Project revenue for the upcoming year.

**4.12.3** Outline any issues encountered during the prior year and associated correction actions, as well as potential issues that may be confronted in the next year and associated actions to mitigate such risks.

**4.12.4** Present local and national trends they impact billing and collections for Boston EMS.

**4.12.5** Review of performance and the contract to verify compliance.

## **5. AUDITS & QUALITY CONTROL**

**5.1 EXTERNAL AUDIT** – Contracted Vendor shall provide BPHC/Boston EMS with most recent audit for Vendor and copies of any future audits while under contract with BPHC.

**5.2 COMPLIANCE** – The vendor shall work with BPHC/Boston EMS to establish controls over billing activities to validate compliance. Internal quality audit results should be reported to BPHC/Boston EMS for review and validation on a regular basis. The Vendor shall work with BPHC/Boston EMS to conduct sample billing audits on a periodic basis. Any exceptions in findings shall result in communication to BPHC/Boston EMS, with an associated remediation and training plan. Vendor may be required to provide training on an annual basis to all Boston EMS uniformed personnel, outlining documentation requirements.

**5.3 QUALITY CONTROL AND IMPROVEMENT MEASURE** – All components of the collection and billing process shall have a procedure in place for ensuring quality control, including regular review of each person's work or function to ensure compliance, and implement corrective training/action if necessary. The Vendor will work with BPHC/Boston EMS to establish denials and appeals management performance metrics, monitor trends and identify action plans for reducing denials.

**6. AR MANAGEMENT** – The vendor will work with BPHC/Boston EMS to support review of AR aging and develop a shared approach for AR management. Vendor will report on AR performance metrics.

**7. CLIENT MANAGER** – BPHC/Boston EMS shall have a dedicated client manager with experience in EMS billing and expertise in financial analysis and report generation, as well as a full understanding of all procedures, trends and issues associated with the billing and collection process for BPHC/Boston EMS. The client manager shall work with multiple-point persons at BPHC and Boston EMS to ensure all stakeholders have the information they need. The client manager will monitor all aspects of the billing and collection process to identify unusual trends and deviations from established benchmarks and thresholds.

**8. STAFFING & RESOURCES** – The Vendor shall ensure all components of the billing and

collections process are adequately staffed, have necessary industry leading resources and that protocols are established for personnel to optimize billing. Any vacancies in staffing shall be communicated to BPHC/Boston EMS with the potential impact to services and a plan for filling the position(s).

9. **SYSTEMS** – All systems used to support EMS billing and collections shall be industry leading in their ability to support the most accurate, complete and efficient procedures. Systems shall be fully maintained in accordance with software service industry best practices to mitigate any disruptions in service.

## **E. CONTENTS OF THE PROPOSAL & REQUIREMENTS**

As part of their Proposal preparation, vendors shall bear the burden of thoroughly and carefully explaining how their proposal best meets the requirements of BPHC/Boston EMS. This specification sets forth minimum capacity and performance requirements. Bidders may offer a Proposal which exceeds the minimums set forth in this document. Bidders may suggest different business terms and conditions provided that their Proposal references the difference as an “exception.”

- 1.1 **TITLE PAGE** - The proposal shall include a title page showing the company’s name, contact person and title, address, and contact information.
- 1.2 **TRANSMITTAL LETTER** - The signed transmittal letter shall include statements referencing the following points: the company’s history, understanding of the services required, benefits they bring to the project, the commitment to perform the services as requested in this RFP within the scheduled timeframe, summary of the cost of service fee(s) to be charged for the work, a statement that such fees are fixed, complete and inclusive, the name of the individuals who will be authorized to make representations on behalf of the vendor (titles, addresses, emails and telephone numbers) and that the signatory of the transmittal has authority to bind the vendor. Any sub consultants/engineers or subcontractors must also be included with the same detail, with documents added as addenda to the RFP.
- 1.3 **UNDERSTANDING OF THE SCOPE OF WORK**
  - 1.3.1 Bidder shall submit a concise narrative demonstrating the proponent’s clear understanding of the objectives and key features of the proposal, addressing all items outlined in the Scope of Work section of this document.
  - 1.3.2 Bidder should describe their product and additional features, resources or tools which would be made available to BPHC/Boston EMS and serve to maximize collections, recognizing that BPHC/Boston EMS does not use a collection agency.
  - 1.3.3 Describe the vendor’s process for minimizing and handling denial of any claims for the various payer tiers.
  - 1.3.4 Outline the Vendor’s CMS, HIPAA, Identify Theft, Continuity of Operations, and NEMESIS Compliance Programs.
  - 1.3.5 Describe and provide policies and procedures that outline how the BPHC/Boston EMS account shall be monitored to assure productivity, accuracy, and compliance.
  - 1.3.6 BPHC/Boston EMS requires that multiple letters/invoices be sent requesting payment for transports. Provide sample copies of such letters that the vendor sends on behalf of other clients similar in size and scope of BPHC/Boston EMS. Outline any additional communication tools, such as automated phone calls, live calls, or texts, including sample scripts.
  - 1.3.7 Provide copies of the Vendor’s standard monthly reports and samples of other reports prepared for the Vendor’s clients similar in size and scope of BPHC/Boston EMS.
  - 1.3.8 Describe in detail the Vendor’s ability to adapt to and comply with the data security and technology requirements.
  - 1.3.9 Describe how Vendor handles customer service and provides information on any policies/procedures and training programs in place that are designed to ensure excellent customer service. Include the vendor’s current customer complaint and resolution process.
  - 1.3.10 Describe how the vendor will provide on-site client training on systems and

reporting.

- 1.3.11** Describe how the vendor will set up a web-based dashboard for BPHC/Boston EMS (if available).
  - 1.3.12** Detail any assumptions the vendor has made in preparing the proposal.
  - 1.3.13** Include any other services not identified in the Scope of Work.
  - 1.3.14** Indicate any exceptions to the required Scope of Services and responsibilities set forth.
- 1.4 DESCRIPTION & QUALIFICATIONS** - A brief narrative describing the vendor and affirming the following qualifications:
- a) The vendor shall affirm that it has been in business, providing similar systems, for a period of at least ten [10] years.
  - b) Describe the vendor's evolution in EMS billing.
  - c) Vendor shall list five (5) urban 911 EMS' they are currently providing billing and collection services for, with call volume, average charge, payer tier breakdown, and gross collection rate by each payer tier.
- 1.5 BILLING INFORMATION FOR THREE LARGEST EXISTING CLIENTS** – See attached form, which may be filled in or replicated in another format, as long as all required data is included.
- 1.6 WORK PLAN AND METHODOLOGY** - The proposal should be clear and concise with a methodology and corresponding task list that details the necessary steps and timeline for implementation.
- 1.7 EMS & HOSPITAL REFERENCES** - Provide a minimum of three (3) and a maximum of five (5) selected references from current comparable 911 EMS' for which the vendor is providing transport billing and collection services. Name, title, phone and email shall be included for each reference. AND, provide at least three (3) hospitals with which the vendor currently has a demonstrated track record of facilitating the transfer of billing related information.
- 1.8 STAFF** – Provide an organizational chart of the vendor. Include in the chart, the names, job titles, office locations for staff to be assigned to BPHC/Boston EMS. Provide resumes for staff members to be assigned to BPHC/Boston EMS and describe relevant experience and credentials. Indicate the staff person (if known) who will serve as the client manager for BPHC/Boston EMS. This person will be the point of contact for all activities on the account and will be responsible for making sure that all items for the contract are executed according to the terms established. List any and all staff changes necessary to accommodate BPHC/Boston EMS as a client. List the job titles and experience requirements for staff additions, if necessary. Include any positions/functions that would be subcontracted. Describe how the vendor transitions responsibilities when a staff member terminates employment or is on extended leave.
- 1.9 DISCLAIMERS** – Provide the following
- 1.9.1** Make a statement indicating that the Vendor has never lost an account due to concerns of improper billing practices, accusations or client concerns of fraud as defined by Centers for Medicare and Medicaid Services (CMS) and other applicable Federal or State Authorities.
  - 1.9.2** Make a statement indicating that no member of the Vendor's staff has been accused, disciplined charged, and/or convicted of fraud, theft, deception, unethical business practices, and/or illegal business practices.
  - 1.9.3** Provide information on the nature and magnitude of any litigation or proceeding whereby, during the past five (5) years, a court or any administrative agency has found fault, held proceedings or ruled against the proposer in any matter related to the professional activities of the proposer. Similar information shall be provided for any current or pending litigation or proceedings.
  - 1.9.4** Indicate whether the Vendor has had a contract terminated in the last five (5) years and describe the nature and circumstances.
  - 1.9.5** Provide a statement explaining any name changes for the Vendor in the past five (5) years and current or foreseeable merger or acquisition activity.

- 1.9.6 Outline policies for ensuring compliance with Medicare/Medicaid policies, procedures and directives, as well as HIPAA and its regulations. Include a listing of past/present penalties/findings arising from noncompliance with Medicare/Medicaid or HIPAA and their resolution. If the Vendor has no penalties/findings, please indicate.
- 1.10 **COMPLETED COST PROPOSAL** – Include a complete cost proposal.
- 1.11 **PROOF OF INSURANCE** – Bidder shall submit proof of insurance as referenced in the ‘Insurance Requirements’ section of this RFP.
- 1.12 **W-9** – Include a completed and signed [W-9](#) with proposal package.
- 1.13 **FINANCIAL STATEMENTS** – Provide the vendor’s audited financial statements for the last two years.
- 1.14 **STANDARD BPHC CONTRACT** – Letter indicating agreement to sign the [BPHC Standard Contract](#) as written, if selected.

**F. SUBMISSION OF PROPOSAL**

The proposal must be received no later than: **3:00 PM, Friday, January 31, 2025, NO EXCEPTIONS TO THIS DEADLINE.** The responsibility for submitting an RFP to Boston EMS on or before the stated time and date will be solely and strictly the responsibility of the proposer. BPHC/ Boston EMS will in no way be responsible for delays. There will be no public opening for this RFP

**G. EVALUATION COMMITTEE**

The proposals will be evaluated by a committee including members of the Boston Public Health Commission Administration, Finance Office and Boston EMS.

**H. REQUEST FOR INFORMATION**

Questions concerning this RFP are due in writing by 5:00 PM EST January 17, 2025 to Laura Segal at [segal@bostonems.org](mailto:segal@bostonems.org). Responses to written questions will be posted on [www.boston.gov/bids](http://www.boston.gov/bids).

**I. SELECTION PROCESS**

- 1.1 Once each member of the Selection Committee has evaluated each proposal and submitted a completed rating sheet, a composite is developed which indicates the Committee’s collective ranking of the highest rated proposals in descending order. The Selection Committee may request additional submittals and may conduct interviews with only the top ranked Vendors. At the discretion of Boston EMS/BPHC, the review process may include Vendor presentations.
- 1.2 The Selection Committee shall select one (1) Vendor as the “Most Advantageous Responsible and Responsive Proposer”. Information and/or other factors gathered during interviews, negotiations, or any reference checks, in addition to the proposal submitted, shall be utilized in the final award decision.

**J. AWARD AND IMPLEMENTATION**

- 1.2. **AWARD** - BPHC/Boston EMS will endeavor to negotiate a Contract with the successful proposer within thirty (30) days of the Notice of Award. In the event that a mutually agreeable Contract cannot be negotiated with said Vendor, BPHC/Boston EMS will then enter into contract negotiations with the next highest rated Vendor, and so on until a mutually agreeable contract can be negotiated.
- 1.3. **IMPLEMENTATION** - The Vendor shall take necessary measures to ensure immediate account processing on the contract start date. The Vendor will work in conjunction with BPHC/Boston EMS’ current service provider to ensure a smooth transition. BPHC/Boston EMS’ existing service provider shall be responsible for all billing and collection functions for all accounts with service dates preceding the commencement of the Contract and will process those accounts for up to four (4) months. After four (4) months, BPHC/Boston EMS’s existing service provider shall transfer the remaining accounts to the Vendor.

**K. TRAINING**

- 1.1 The Vendor will provide training on its billing and collection system to approximately fifteen

(15) administrative and management staff. The Vendor shall provide an initial “hands-on” training at the commencement of the Contract Term and shall provide follow-up training upon request. Training dates will be based upon an agreed timeline; Boston EMS will provide final approval of training dates, to ensure adequate attendance.

- 1.2 The client manager shall be available to provide annual training to Boston EMS personnel to support documentation compliance.
- 1.3 The billing company will sponsor an annual HIPAA training for all Boston EMS personnel by a licensed Massachusetts law vendor to be mutually agreed upon.

**L. PROPOSAL REQUIREMENTS/EVALUATION CRITERIA**

Proposals will be evaluated according to the following criteria. The Boston Public Health Commission reserves the right to reject any/and all proposals received and to award the contract for project services to the vendor or vendors which the Boston Public Health Commission believes will offer the best value on this project.

EVALUATION CRITERIA	POINTS
<b>Qualifications of Vendor</b> - Strength and stability of the vendor; technical competence of vendor and key personnel (and sub-contractors); logic of project organization; adequacy of labor commitment.	0-10
<b>Related Experience</b> - Experience in successfully providing services similar to those requested herein; experience working with comparable services; assessment by client references.	0-25
<b>Completeness of Response</b> - Ability to meet the Scope of Services and maximize revenue. Completeness of response in accordance with RFP instructions; exceptions to or deviations from the RFP requirements; inclusion of required features.	0-40
<b>Reasonableness of Cost and Price Point</b> - Reasonableness of the vendors quoted price; basis on which prices are quoted.	0-25
<b>MAXIMUM POINTS:</b>	<b>100</b>

**PROPOSAL SUBMISSION CHECKLIST**  
*For Inclusion with Proposal*

Do **not** bind proposals. Submit the following: one original proposal signed in blue ink, two copies and a PDF file of proposal on a USB flash drive with all required information, following in the order outlined below. The following format and sequence should be followed to provide consistency in proponent response and ensure each proposal receives full and fair consideration. All pages should be consecutively



numbered. Refer to section *G. Contents of the Proposal and Requirements* for additional detail pertaining to contract documents.

Check When Complete	Contents of Proposal Documents
<input type="checkbox"/>	Proposal Submission Checklist
<input type="checkbox"/>	Title Page
<input type="checkbox"/>	Transmittal Letter
<input type="checkbox"/>	Understanding of Scope of Work
<input type="checkbox"/>	Description & Qualifications
<input type="checkbox"/>	Billing Information for 3 Largest Existing Clients
<input type="checkbox"/>	Work Plan and Methodology
<input type="checkbox"/>	References
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Disclaimers
<input type="checkbox"/>	Completed Cost of Proposal
<input type="checkbox"/>	Proof of Insurance (liability and professional liability)
<input type="checkbox"/>	W-9 Form
<input type="checkbox"/>	Financial Statements
<input type="checkbox"/>	Standard BPHC Contract Letter
<input type="checkbox"/>	Any additional addenda or supporting documentation (optional)

Failure to submit of above information may result in disqualification from the review process.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

