REQUEST FOR PROPOSALS
AMBULANCE BILLING SERVICES
RFP
TOWN OF BEDFORD

The Town of Bedford is soliciting proposals for ambulance billing services for a 42 month period commencing on January 1, 2027 through June 30, 2030. The contract will have a fixed percentage rate for the 42 month period and can be terminated for cause at any time.

The Town of Bedford's Emergency Medical Service is both a Basic Life Support and Advanced Life Support service. Interested parties must request a detailed request for proposals from office of Town Manager at TownManager@bedfordma.gov or by calling 781-275-1111.

Billing service providers interested in providing the billing service, as set forth in the attached specifications, are invited to deliver two (2) hard copies of the ambulance billing price and non-price proposals to the mailing address below and one (1) electronic copy to TownManager@bedfordma.gov **no later than Thursday, October 8, 2026, at 4:00 P.M.**

Town Manager
Ambulance Billing RFP
10 Mudge Way
Bedford, MA 01730

REQUEST FOR PROPOSALS
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TOWN OF BEDFORD

All proposals shall be sealed, addressed to the Town Manager, Town of Bedford. The price proposal must be signed, placed in an envelope, and sealed. The price proposal will require the fee for the service to be stated as a dollar amount for actual receipts or percentage of actual receipts. This envelope is to be clearly marked with the Proposer's name, date of opening, and titled as follows:

Town of Bedford – Ambulance Billing Price Proposal

The proposal must contain all information pertaining to the Billing Service, such as method of billing, initiation of billing procedures, application for, and timetable for, the respective applications for provider numbers for Medicare and Blue/Cross Shield, and Medicaid. The proposal must address, at a minimum, each of the issues set forth in the Request for Proposals in order to be considered responsive. Any proposal which does not respond to each issue in the Request for Proposals must be rejected by the Town of Bedford as non-responsive. The non-price proposal shall be signed, placed in a separate envelope, and sealed. All pages that require signatures must be signed where appropriate and submitted as part of the non-price proposal. This envelope is to be clearly marked with the Proposer's name, date of opening and titled as follows:

The right is reserved to reject any and all bids. The right is reserved to waive informalities or irregularities in any bid and to award the contract to the responsible and responsive proposer submitting the most advantageous proposal..

A Proposer may correct, modify, or withdraw a proposal by sealed, written notice clearly marked as a correction, modification, or withdrawal, and received at the Town Manager's office prior to the time and date for opening of the proposals.

Proposals that are received after the proposal due date and time will not be accepted.

SIGNING OF PROPOSALS: Statements of Qualifications must be signed as follows:

A. If the Proposer is an individual, by him/her Personally;
B. If the Proposer is a partnership, by the name of the partner, followed by the signature of Each general partner; and
C. If the Proposer is a corporation, by the Authorized officer, whose signature must be attested to by the Clerk/Secretary of the corporation and the corporate seal affixed. A copy of the corporate vote must also be Submitted.

REVIEWING PERIOD: All proposals meeting the minimum requirements and conditions may be held by the Town of Bedford for a period not to exceed sixty (60) days from the date of opening proposals for the purpose of reviewing the proposals and investigating the qualifications of Proposers, prior to the awarding of the contract.

VENDOR SELECTION: Following the procedures previously described, the Town of Bedford will decide regarding selection of the vendor whom it wishes to enter into a contract. Proposals will be evaluated upon the basis of the Minimum Qualifications, the Comparative Evaluative Criteria for Selection set forth, prices and other appropriate factors. Massachusetts based company preferred. This may not necessarily be the low bidder.

AWARD: The award of this contract will be made by the Town of Bedford's Town Manager after reviewing recommendations. The contract shall be awarded to the responsible and responsive Proposer submitting the most advantageous proposal, taking into consideration the proposal's relative merits. The Town of Bedford reserves the right to reject any and all proposals or to waive any informalities in the proposals, if it appears in the Town's best interest. The company that is awarded the bid will be responsible for all bills currently outstanding and will be responsible to retrieve all the data from our current computer system and for entering all previously billed runs that are outstanding in their system at no additional charge to the Town.

PROFILE OF SERVICE: The Town of Bedford's Medical Service operates an emergency only ambulance service that is licensed for both Basic Life Support and Advanced (Paramedic) Life Support Services. Since January 1, 2026 the service performed approximately 1,250 transports. The Town of Bedford has two ambulances in service. The ambulance service for the Town of Bedford has realized a percentage growth annually that averages approximately 4 percent.

MINIMUM QUALIFICATION CRITERIA

In addition to addressing each of the items in the specifications, the Proposer must submit, as part of his non-price proposal, the following minimum qualification criteria: Initial the appropriate response to each criterion, and include the required documentation in the Non-price (technical) proposal envelope.

1. A Letter of Transmittal signed by the individual authorized to negotiate for and contractually bind the Contractor, stating that the offer is effective for at least sixty (60) calendar days from the deadline for the submission of proposals.

COMPLY _____ DO NOT COMPLY _____

2. A list of Massachusetts municipalities or ambulance services for which the contractor has provided ambulance billing service. Demonstrated experience providing ambulance billing services to municipal or comparable public EMS providers. This list is to include a current name, address and phone number of references for the selection committee to access. Any negative information generated by reference check shall be cause sufficient to dismiss the proposal as unacceptable. Negative information that shall be considered grounds to render the proposal unacceptable shall be information that shows the service operated in a fashion that reflected negatively on the community served. Illegal or unethical methods of collection, repeated instances of inappropriate treatment of recipients of the service such as rudeness or any other behavior that generates complaints from the public shall be viewed as negative information.

COMPLY _____ DO NOT COMPLY _____

3. A dishonesty bond for the minimum amount of $500,000.00 and an errors and omissions (E+O) bond for the minimum amount of $2,000,000.00 naming the Town of BEDFORD as an additional insured are to be included with the proposal. If the proposal is accepted these bonds must be kept in effect for the life of the contract.

COMPLY _____ DO NOT COMPLY _____

4. The Town of BEDFORD established a philosophy of billing that essentially states that no person shall be forced to pay a bill if there is an indication of inability to pay per U.S. Federal Poverty Standards. To that end the billing agency must recognize that, in their dealings with the recipients of ambulance service, every effort with the recipients of ambulance service, every effort towards a courteous and compassionate handling of patients will be the rule.

   The billing agency will have made every attempt to determine if primary and/or secondary insurance exists through inquiry to recipients of the service and computer screening, prior to bills being sent to individuals, and the primary and secondary insurance carriers billed where appropriate. Every bill mailed to other than insurance companies, shall be accompanied by a letter explaining the waiver policy. All applications for waiver must be signed, filled out and returned to the billing agency. The billing agent will turn over all requests for abatement to the Town of BEDFORD for action. The service must show an understanding of this policy in its response to the request for proposal.

COMPLY _____ DO NOT COMPLY _____

5. Proposal must provide a toll-free number of the Town's use and for the use of citizens making inquiries.

COMPLY _____ DO NOT COMPLY _____

6. List any litigation, with the appropriate explanation, against your firm in the past 10 years from 2016 through the present.

COMPLY _____ DO NOT COMPLY _____

7. Proposal must provide documentation of licensing as a collection agency under Massachusetts laws and function as a collection agency as well as an ambulance billing company including reporting delinquent patients to a credit bureau.

COMPLY _____ DO NOT COMPLY _____

8. The Billing Service must have software and trained in-house staff capable of supporting the import of a NEMSIS-compliant EMS data file.

COMPLY_____DO NOT COMPLY_____

9. The Billing service must provide a secure site to drop the Town's data files; otherwise known as a Secure FTP site. This is a requirement of HIPAA, NO EXCEPTIONS

COMPLY_____DO NOT COMPLY_____

10. Quality improvement activities shall be collaborative in nature and shall not result in additional costs to the Town unless expressly authorized. To be in compliance with the Office of the Inspector General's advisory, the Billing service MUST have an active internal Quality Assurance and Continuous Quality Improvement (QA) and Continuous Quality Improvement (CQI) program in place, NO EXCEPTIONS.

    At a minimum, the Billing service shall:

    Maintain an active internal program to ensure compliance with federal, state, and payer billing requirements. Subject the Company to a professional, outside annual compliance audit. Maintain an EMS attorney on retainer to support billing company and client questions and review carrier contracts as required. Maintain an active quality improvement process focused on continuous evaluation and improvement of ePCR reports, billing accuracy, timeliness, compliance, customer service, and revenue performance.

    The Quality Improvement process shall include, at a minimum:

    Routine review of billing performance metrics (e.g., claim acceptance rates, denial trends, days in accounts receivable, appeal outcomes, and customer inquiries or complaints). Identification of trends, deficiencies, and opportunities for improvement. Documentation of corrective actions and follow-up monitoring. Periodic communication of CQI findings and recommendations to the Town of Bedford, which may be provided as part of regular reporting or during scheduled performance reviews.

COMPLY_____DO NOT COMPLY_____

11. The billing service shall subscribe to an established insurance verification service and activity use it as part of their processes and procedures. NO EXCEPTIONS

COMPLY_____DO NOT COMPLY_____

12. The billing service shall insure that phones are answered by a trained billing specialist who can help the caller promptly, competently, and courteously. Automated attendant or voice mail as a primary phone coverage tool is not acceptable. NO EXCEPTIONS.

COMPLY_____DO NOT COMPLY_____

13. The billing service shall submit its annual Statement on Auditing Standards, SOC1, (formerly know as SAS No. 70, *Service Organizations,* report (SOC1 Report). With its proposal. The SOC1 must have been performed by a CPA firm in accordance with auditing standards developed by the American Institute of Certified Public Accountants (AICPA). The SOC1 must be performed annually for the duration of any contract with a copy provided to the Town annually. NO EXCEPTIONS

COMPLY_____DO NOT COMPLY_____

14. The billing service must be able to accept payment on behalf of the Town via the services secure website for payers using credit cards, debit cards or ACH from their checking accounts. NO EXCEPTIONS.

COMPLY_____DO NOT COMPLY_____

15. The billing service must have at least 10 staff members including management with active certifications from the National Academy of Ambulance Coding (NAAC). NO EXCEPTIONS

COMPLY_____DO NOT COMPLY_____

16. Billing Service must provide a web-based reporting system to allow client's to login and run reports at their discretion.

COMPLY_____DO NOT COMPLY_____

17. Billing Service must provide a web-based, accredited EMS Learning Management System allowing the Town of Bedford Fire Department full access for it's member's continuing education at no additional cost.

COMPLY_____DO NOT COMPLY_____

18. Billing Service must provide technology solutions, training and hardware to the Bedford Fire Department in deployment of it's EMS solutions regarding training, reporting and billing at no additional cost

COMPLY_____DO NOT COMPLY_____

19. In order to maximize collections and minimize BEDFORD patient out of pocket expense for ambulance service payment, the billing service must provide Deductible Management Services that monitor patient deductible status and delay claims submission to carriers until the deductible is met (or a timely filing limit is reached, whichever comes first…). NO EXCEPTIONS

COMPLY_____DO NOT COMPLY_____

20. Billing must perform a 100% audit of all Medicare claims to confirm the ambulance services compliance with the Medicare signature requirement laws prior to the claim being submitted to Medicare. Only compliant claims shall be submitted by the billing service.

COMPLY_____DO NOT COMPLY_____

21. The billing service shall provide and/or be able to process the electronic patient care (ePCR) reporting platform that conforms to both with MATRIS and NEMSIS standards and is currently in use by Bedford Fire (First Due).

COMPLY_____DO NOT COMPLY_____

I hereby state that I understand the minimum evaluation criteria and that I have initialed all of the appropriate sections, and further, that I have attached the required information to the summary sheet located at the back of this document.

Company Name_____

Authorized Signature _____

COMPARATIVE EVALUATION CRITERIA

A contractor shall be deemed unacceptable if the minimum evaluation criteria is not met. However, once it has been determined that the contractor has met all the minimum evaluation criteria the proposals will be further evaluated by the Town of BEDFORD using the following comparative evaluation criteria. The ratings of "Highly Advantageous", "Advantageous", "Not Advantageous" and "Unacceptable" will be used to evaluate the following features of each proposal.

l. Contractors computer linkage to billing information and method of collecting data for billing.

a. **UNACCEPTABLE:** All billing information to be provided by the Town of BEDFORD ambulance personnel.

b**. NOT ADVANTAGEOUS**: Most billing information to be provided by Town of BEDFORD ambulance personnel. Personnel having to secure name of insurance carrier and insurance policy numbers.

c. **ADVANTAGEOUS:** Access to patient information at the definitive care facility, Town of BEDFORD personnel having to fill out only medical necessity forms and secure physicians' signatures.

d. **HIGHLY ADVANTAGEOUS**: Total billing information secured with no change to operation for Town of BEDFORD personnel.

2. How many years experience does your firm have in billing for municipal ambulance services?

a. **UNACCEPTABLE**: Less than one-year experience.

b. **NOT ADVANTAGEOUS**: More than one-year experience by less than three years experience.

c. **ADVANTAGEOUS**: More than three years experience but less than five years experience.

d. **HIGHLY ADVANTAGEOUS**: Greater than five years experience.

3. How many municipal ambulance services does your firm presently represent. List the municipalities represented along with the name of the representative from the community.

   a. **UNACCEPTABLE**: Less than five municipal ambulance services.

   b. **NOT ADVANTAGEOUS**: Between five and ten municipal ambulance services.

   c. **ADVANTAGEOUS**: Between ten and twenty-five municipal ambulance services.

   d. **HIGHLY ADVANTAGEOUS**: More than twenty-five municipal ambulance services.

4. Collection percentage: The vendor should provide documentation as proof that they can achieve collection percentage of greater than 85%. The proof should be established by comparing the collection rate for other municipal ambulance service that will show collection percentage and name of municipal contact person for the minimum of three (3) references.

   a. **UNACCEPTABLE:** No documentation of collection percentage.

   b. **NOT ADVANTAGEOUS**: Documented collection rate below 85%.

   c. **ADVANTAGEOUS:** Documented collection rate of 85% to less than 90%.

   d. **HIGHLY ADVANTAGEOUS**: Six or more municipalities serviced and documented at rates of 90% or greater. Documented collection rate of 90% or greater.

5. The billing agency will bill direct to carriers as opposed to billing the recipients of the service. If clients need be billed, due to a lack of insurance information, the billing agency should be willing to assist the client and fill out the forms on their behalf. Provide documentation on the form provided.

   a. **UNACCEPTABLE:** Process only Medicare and Medicaid claims, mail all others to client.

   b. **NOT ADVANTAGEOUS**: Process only Medicare and Medicaid and major carriers (i.e. BC/BS)

   c. **ADVANTAGEOUS**: Process Medicare/Medicaid, major carriers and secondary insurance when applicable.

   d. **HIGHLY ADVANTAGEOUS**: Process claims to all insurance carriers, automobile insurance, workman's comp, home owner's insurance, etc.

6. Contractors are required to have experience in reconciling the ambulance account on a monthly basis.

   a. **UNACCEPTABLE**: No experience in ambulance reconciliation.

   b. **NOT ADVANTAGEOUS**: Reconciles less than ten ambulance accounts.

   c. **ADVANTAGEOUS**: Reconciles between ten and twenty ambulance accounts.

   d. **HIGHLY ADVANTAGEOUS**: Reconciles more than twenty ambulance accounts.

7. Contractors are required to have experience in submitting combined BLS/ALS (two tiered) ambulance claims.

a. **UNACCEPTABLE:** No experience in submitting BLS/ALS claims

b. **NOT ADVANTAGEOUS**: Less than three years experience submitting BLS/ALS claims.

c. **ADVANTAGEOUS**: Between three- and five-years' experience submitting BLS/ALS claims.

d. **HIGHLY ADVANTAGEOUS**: More than five years experience submitting BLS/ALS claims.

STATEMENT OF SERVICES

1. **TERM of CONTRACT**.

The contract will be for a three-year period commencing on January 1, 2027 through June 30, 2030. The contract will have a fixed percentage rate for the 42 month period and can be terminated for cause at any time.

2. **COLLECTIONS and DEPOSITS**:

All amounts received by the billing service will be recorded and the proceeds deposited in an account at the bank providing municipal banking services to the Town of Bedford during the period of the contract, and the account shall be to the Town of Bedford, MA.

At the expiration of each month, the billing service shall bill the Town of Bedford for collection charges due the billing service for collections made that month.

3. **AMBULANCE FEE:**

Until notified of any change by the Town of Bedford, the charges for ambulance service will be set at 50% higher than the MEDICARE NATIONAL RATE, as outlined by Town Ordnance.

4. **EXPENSES:**

a. Refunds: All expenses directly or indirectly related to the collection of the Town of Bedford patients accounts shall be borne by the billing agent. Other refunds due the patient, as a result of an error on the part of the Town of Bedford, or overpayment or any other cause, not the fault of the billing agent, shall be paid by the Town of Bedford.
b. Except: As otherwise specifically provided herein, the billing service will not incur expenses on behalf of or without the Town of Bedford's prior consent.

5. **OTHER:**

a. It is understood that the Town of Bedford accepts assignment of Blue Cross/Blue Shield, Medicaid, Medicare and Medicare/Medicaid. Accordingly, the billing services will make the required contractual adjustments when applicable and will be reported on the monthly revenue statement.
b. Write offs and/or reductions of charges for persons applying for a waiver, will be handled by the Town on an abatement basis at their discretion. Requests for abatements or adjustments from patients will initially be sent to the billing agent, and then sent to the Town of Bedford. This would be applicable to any patient who signs for an abatement or waiver after being billed by the service.

6. **RECORDS and REPORTS**:

The billing service will furnish to Town of Bedford the following reports.

a. A report of all collections together with a copy of the deposit slip evidencing the deposit to Town of Bedford's bank account.
b. A monthly recap of services, collections, and adjustments for the month.

c. At a minimum the following reports are required: commitment listings, listing of write offs, adjustment credits, any other report determined necessary to be able to prove balance from month to month.
d. All records and correspondence relating to Town of Bedford's accounts receivable and the billing services collection efforts will be kept at the billing service's office and shall be available for examination by Town of Bedford or authorized representatives.
e. All correspondence and inquiries for waiver applications will be directed to the billing agent's mailing address. All payments will be directed to the Town of Bedford.
f. All documents shall be made available to an external auditor hired by the Town of Bedford.
g. All documents provided to the Town of Bedford or its external auditors shall be at no cost to the Town or the auditors.

7. MISCELLANEOUS:

a. The billing service will collect accounts receivable of the Town of Bedford under the name of Ambulance Billing Service, Town of Bedford.

b. The billing service shall delegate an authorized representative for receiving notices and day to day contract administration.

NAME OF REPRESENTATIVE _____

8. TERMINATION:

The agreement may be terminated by Town of Bedford at any time upon thirty days (30) written notice of termination to the billing service, and by the billing service on the anniversary date of the contract upon ninety days (90) written notice to the Town of Bedford. Upon termination of the agreement, for whatever reason, the billing service shall deliver up all records and pertinent correspondence concerning the accounts and collection thereto to Town of Bedford, and the billing service will otherwise cooperate with the Town of Bedford or their assignees to affect an orderly transfer of the collection of the Town of Bedford's accounts receivable. If the Town of Bedford should terminate this agreement, the billing service will only be entitled to receive from the Town of Bedford, any and all commission due to the billing service up to and including the actual date of termination and transfer of accounts receivable, as well as reimbursement from Town of Bedford of all expenses incurred by the billing service in accordance with the contract and which remain unpaid at the date of termination. The billing service must turn over all records and have them delivered to a location designated by the Town of Bedford upon termination of the contract. In the event that you are not the successful bidder in three years or the Town terminates the contract, you agree that the payment for the final two months for services will not be paid until the Town is satisfied with the documentation provided to the new billing agency. During this period, the contractor will continue to provide services to the Town and continue to forward payments to the Town in accordance with the agreement. At the end of the contract, either by termination or expiration of the contract, the Town will not be liable for any additional expenses of the vendor with the exception of those expenses included in the contract.

9. PROVISION:

The Town of Bedford Emergency Medical Service is to provide the billing agency with a copy of the Standard Ambulance Report Form to include the patients name, address and the date and time of transport to area hospitals. This form will have the pickup location of the call and the total loaded miles clearly noted to allow the billing service to bill mileage appropriately based on the rate structure outlined.

10. STIPULATIONS:

a. The contract shall be governed by and shall be construed in accordance with the laws of the Commonwealth of Massachusetts.
b. In the event of any conflict or any inconsistency between the Massachusetts General Laws, as amended, and the provisions of this contract, the Massachusetts General Laws shall control. If any of the provisions of this agreement are held to be invalid, such provision or provisions shall be deemed stricken from the agreement, and at the option the Town of Bedford, the remaining provisions shall remain in full force and effect.
c. The billing service shall hold the Town of Bedford free and harmless from all claims, liability and losses caused by the actions or failures to act on the part of the billing service, and the billing service shall fully indemnify the Town of Bedford for all such claims, liability and losses if they should occur.
d. The billing service shall have workman's compensation insurance in accordance with the Massachusetts General Laws Chapter 152, as amended, and the billing service shall furnish the Town of Bedford with evidence of this coverage before the execution of the contract.

11. WAIVER HANDLING POLICY:

Although the Town wishes to maximize ambulance collections, we do wish to have compassion for those with financial hardships. A strict waiver policy will be formulated by, and administered by, the Town of Bedford. Please outline your capabilities in dealing with clients that express hardship. Provide copies of internal policies to reinforce this response along with any waiver policies that you have dealt with, or are dealing with presently.

12. COLLECTION AGENCY SERVICES:

Although the Town wishes to be compassionate for those with a financial hardship it wishes to make a maximum effort to collect from those who do not qualify for a waiver. To that end, the Town wishes to utilize the services of a company that can perform collection agency services including the reporting to a credit bureau in our name. Please outline your capabilities in this area.

Town of BEDFORD

RFP FOR AMBULANCE SERVICE BILLING AGENT:

PRICE PROPOSAL:

PROPOSAL TO BE AS A PERCENTAGE OF ACTUAL RECEIPTS DELIVERED TO THE TOWN OF BEDFORD.

_____%

ANY ADDITIONAL INFORMATION SHALL BE EXPLAINED IN THIS SPACE.

SIGNED: _____

TITLE: _____

NAME OF FIRM: _____

ADDRESS OF FIRM: _____

_____

TELEPHONE NUMBER: _____

THIS SHEET MUST BE IN A SEPARATE ENVELOPE CLEARLY MARKED PRICE PROPOSAL AND WILL BE OPENED SEPARATELY FROM THE NON-PRICE PROPOSAL.

Town of BEDFORD

RFP FOR AMBULANCE BILLING AGENT:

NON-PRICE PROPOSAL:

LIST ATTACHMENTS REQUIRED FOR MINIMUM EVALUATION CRITERIA:

1.

2.

3.

4.

5.

6.

LIST ATTACHMENTS REQUIRED FOR COMPARATIVE EVALUATION CRITERIA:

1.

2.

3.

4.

5.

6.

7.

LIST ANY ATTACHMENTS ADDED FOR CONSIDERATION UNDER STATEMENT OF SERVICES.

SIGNATURE _____

TITLE _____