

RFQ # 2019-05

Request for Quotation / Proposal  
Emergency Ambulance Billing Service Agreement –  
Fire Department

RFQ # 2019-05

Bids shall be addressed to First Selectman, Art Shilosky, 127 Norwich Avenue, Suite 201, Colchester, Connecticut. 06415 on or before **2:00 P.M. April 18, 2019.**

Three copies of the proposal shall be submitted in a sealed envelope clearly marked, “Emergency Ambulance Billing Service Agreement Fire Department”. Bid opening shall take place at the Colchester Town Hall, Office of the 1<sup>st</sup> Selectman, 127 Norwich Avenue, Suite 201, Colchester, CT. 06415 at **2:00 P.M. April 18, 2019.**

Any questions concerning this bid may be answered by contacting Chief Walter Cox, Town of Colchester Fire Department at (860) 537-2512. Questions shall be submitted in writing and may be e-mailed to: [firedepartment@colchesterct.gov](mailto:firedepartment@colchesterct.gov). All questions shall be submitted by April 10, 2019.

**No right shall accrue to any person submitting a proposal until such proposals have been accepted and contract awarded in writing by the duly authorized representative of the Town of Colchester. The Town of Colchester reserves the right to reject any and all proposals, or accept the lowest qualified responsible bidder, and to waive any informalities, omissions, excess verbiage, or technical defects in the Bidding, if, in the opinion of the Town of Colchester, it would be in their best interest to do so.**

**RFQ #2019-05**  
**REQUEST FOR QUOTATION PROPOSALS**

**Purpose**

The Town of Colchester requests proposals from qualified firms or individuals for “Emergency Ambulance - Billing Services Agreement – Fire Department”, in accordance with requirements outlined in this RFP. The Town of Colchester provides first responder service, and transportation to a medical facility.

The agreement must also provide administrative and technical support, and existing systems which will be used to implement actions to achieve the goals set forth in the plan.

**Submission of Proposals**

Proposals must be signed by an authorized member of the firm, and the name, address, and telephone number of a representative qualified to answer questions during the review process must be included.

Three copies of the proposal shall be submitted in a sealed envelope clearly marked, “Emergency Ambulance - Billing Services Agreement – Fire Department”, and shall be addressed to:

Art Shilosky  
First Selectman  
127 Norwich Avenue  
Suite 201  
Colchester, CT 06415

All proposals must be received by 2:00 pm on Friday, **April 18, 2019**. Proposals received after the stated date and time will not be considered.

The Town reserves the right to accept or reject any and/or all proposals, to waive any and all informalities, defects, or immaterial irregularities, and to request further clarification.

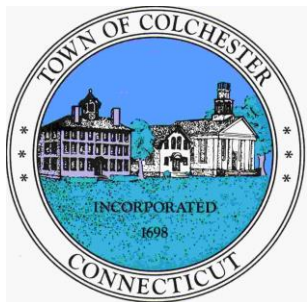
The Town reserves the right to negotiate with any, all, or none of the bidders responding to this Request for Proposals.

**Content of Proposals:** Proposals shall include at a minimum the following information:

Proposed scope of work and project approach;

- a. Detailed information of the firm/individual’s background and experience in Fire Department operations;
- b. Key Staff assigned with resumes;
- c. Proposed Fee Approach ;
- d. Qualifications & references for like Billing Services.

**Questions:** All questions concerning this RFP must be submitted to Chief Walter Cox, Town of Colchester Fire Department. Questions shall be submitted in writing and may be e-mailed to: [firedepartment@colchesterct.gov](mailto:firedepartment@colchesterct.gov). All questions shall be submitted by April 10, 2019. All information given by the Town, except by written addenda and posted on the Town of Colchester’s web site, shall be informal and shall not be binding upon the Town nor shall it furnish a basis for legal action by the Proposer or prospective proposer against the Town.



Town of Colchester and Colchester Public Schools

127 NORWICH AVENUE, SUITE 201

COLCHESTER, CT., 06415-1260

Art Shilosky  
First Selectman

(860) 537-7220  
Fax (860) 537-0547

Jeff Burt  
Superintendent of Schools

(860) 537-7208  
Fax (860) 537-1252

## REQUEST FOR PROPOSAL

RFP #2019-

# Emergency Ambulance Billing Service Agreement – Fire Department

RFP 2019-05

BID SCHEDULE

1) Emergency Ambulance Billing Service

FLAT % Rate : \_\_\_\_\_  
of Total Receipts Collected

Name and Address of Firm: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, Title and Contact Information

of Authorized Representative: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SCOPE OF SERVICES– must include, but not limited to, the following basic service:  
(please list all additional services to be provided at no additional cost, on separate sheet.)**

The selected contractor will be responsible for the input of all data into a medical manager system (please specify which system will be used) to process billing.

The selected contractor must demonstrate an active compliance program that meets or exceeds HIPAA by providing a copy of their HIPAA compliance program.

Verification of insurance (inclusions, limits, and deductibles), with electronic claims submission to insurance carriers within three (3) days of date of service, as data is made available. Paper billing to any carriers not accessible electronically.

Verification of all claims coding, for accuracy and compliance.

Compliance checking of all claims received for proper documentation prior to billing.

Tracking any / all changes in billing requirements of paying entities, and submitting renewal contacts as required (i.e.- Medicare and Medicaid contracts, electronic billing / payment agreements – i.e. Aetna, Anthem BC)

Generation and mailing of patient statements, with proper dunning messages, as desired by CHFD. (minimum four (4) months)

Collection and posting of all receivables within three (3) days of receipt, with weekly deposits into designated CHFD bank account.

Customer service support to CHFD, third party payers, and patients 8:00 a.m. – 4 p.m., EST, Monday through Friday, (list any exceptions to this minimal standard.). A toll free number must be provided. A dedicated customer service representative shall be assigned to the Town of Colchester for all general questions, and correspondence.

Provision of copies of invoices generated for services, correspondence with insurance companies, and / or all other correspondence relating to services rendered by the CHFD, Town of Colchester. All copies shall be provided at no additional fee to the town, and shall be provided within two (2) business days of the request for such.

Billing agency assumes all labor, telephone, paper and postage charges as directly related to above responsibilities.

Negotiation of payment reductions or re-payment plans, in accordance with pre-established guidelines agreed upon by the Town of Colchester, or approval of such for any exception as it arises, upon the monthly notification of such cases.

Generation of month end reports within five (5) business days of each calendar month end/ quarter end / year end close. (to include but not limited to: detailed accounts receivable ageing by patient, insurance carrier, monthly productivity reporting, insurance receipts, monthly and year end summary of charges, receipts and adjustments to AR, tracking of Medicare & Medicaid billing as necessary).

Generation of statistical reports as requested by CHFD.

Tracking of bundle billing accounts, with monthly reporting of payments due.

Training, as agreed upon, to inform CHFD staff of current documentation compliance requirements, and documentation, at no additional charge to the Town.

Awarded vendor shall make every effort to obtain necessary patient signatures as required by law whenever a patient was unable to sign at the time of service.

The awarded vendor must

### **RESPONSIBILITIES OF CHFD**

Provide Billing Entity with all applicable provider numbers, third party fee schedules for reimbursement (if available), and OEMS rate schedule.

Provide the export of all Patient Care Reports (PCR) completed through the Town's ePCR provider.

Provide Billing Entity with associated Paramedic Bundle Billing agreement(s), and any updates as amended.

Notification of level of call, mileage and proper patient demographic information at the time of transport.

All reasonable efforts to secure the patient and / or responsible party signature and demographic information at the time of transport.

Notification of any / all patient and insurance payments received by the Town of Colchester.

Notification of nature of call, signs and symptoms (reason for 911 call), and billing provider name to be included directly on billing form.

Monthly fees to be promptly paid to Billing Entity within fifteen (15) calendar days of the invoice for service.

### **COMPENSATION**

The Town of Colchester will pay the awarded flat percentage rate commission on all: cash collected by the Billing Entity or payments received by the Town of Colchester, excluding any collection agency payments received.

The Billing Entity will credit the Town of Colchester the same flat percentage (%) rate for any outside contracted Paramedic service.

Compensation for services shall be at the conclusion of the engagement and delivery of the end product. However, the Town may consider a progressive payment schedule.

### **EVALUATION CRITERIA**

Selection will be based upon the following criteria:

- Cost; compliance with stated services;
- Experience of staff assigned to the Town's application/project;
- Additional services to be rendered to the town not specifically mentioned above
- And any other factors deemed to be in the Town's best interest.

## **REFERENCES**

A list of references must be submitted with the RFP package. The references must be similar to the Town of Colchester requested service, population, demographics, and service history.

## **CONTRACT PERIOD - shall begin July 1, 2019 – June 30, 2021**

It is the intent to award a contract for a two-year period with the option to renew for an additional one-year period. The decision to renew the contract will be at the sole discretion of the Town. At the end of the contract term the Billing Service agrees to facilitate the transfer of all accounts in process / not yet processed, to the Town or its designated agent. The Billing Service will provide the necessary data and account documentation, both hard copy and electronic files in order to facilitate a smooth transition.

## **CONNECTICUT CONTRACT**

This Agreement shall be governed by and construed in accordance with the laws of the State of Connecticut. This includes adherence to the Emergency Medical Services Industry rates set on a yearly basis, as well as the way which charges can be formatted.

## **TERMINATION**

Following implementation, should the Town find that the firm/company has failed in any material respect to perform its agreed obligations under the contract, the contract shall be cancelled by the Town as being in the interest of the Town. In the event of termination of this contract, as a result of breach by the contractor, the Town shall not be liable for any fees and may, at its sole option, award a contract for the same services to another qualified firm/company or call for new proposals. The contractor shall be responsible for consequential damage as a result of its breach, including, but not limited to, extra costs required under the new contract for similar services.

## **CONFIDENTIALITY**

The Billing Entity and CHFD acknowledge that all materials and information which have or will come into their possession or knowledge in connection with this contract, or the performance hereto, including documents, reports, and material developed during the term of the awarded agreement, are deemed to be confidential information, which disclosure to or use by unauthorized parties could be damaging. Therefore, the awarded billing entity and the Town of Colchester CHFD agree to hold such material and information in the strictest confidence and not to make use therefore other than for performance of this contract, except as specifically agreed upon in this contract, or other agreements between or among parties. The obligation referred to in this paragraph is a continuing obligation and extends beyond the terms of the awarded contract.

## **ASSIGNMENT**

This contract may not be assigned by either party without the prior written consent of the other party. However, subject to the limitation on assignment, this contract shall extend to and be equally binding upon the successors and assigns of each party.

Each party named in this contract is responsible for its own acts / omissions and is not responsible for the act / omission of the other party.

Amendments to the contract, as written herein, must be done in writing, and approved by both parties. Any notices shall be sent certified mail.

Retention of medical records must be guaranteed for a lifetime, and are the property of the Town of Colchester.

## **FREEDOM OF INFORMATION**

The Town will not be liable for any costs incurred in the preparation of the response to this Request for Proposal. All proposal submissions and materials shall become the property of the Town and will not be returned. Respondents to this RFP are hereby notified that all proposals submitted and information contained therein and attached thereto shall be subject to disclosure under the Freedom of Information Act.