MILLER COUNTY AMBULANCE DISTRICT

Request for Proposals: EMS Ambulance Billing Services

Closing May 9th, 2014



Miller County Ambulance District (District) is requesting proposals from qualified vendors (Vendor) for the purpose of providing professional EMS ambulance billing, payment collection, and analytical services. This includes complete management of the billing process from patient transport to account closure. It is the intent of Miller County Ambulance District to enter into contract with the selected vendor with renewals contingent on the successful performance of the contract.

This request for proposal (RFP) defines the scope of services and outlines the requirements that must be met by vendors interested in providing such services. Vendors shall carefully examine the entire RFP, addenda thereto and all related materials and data referenced in performing the service. Vendors are advised to read all sections of this RFP before submitting a proposal. The RFP must be honored for a minimum of 120 days and may not be withdrawn once submitted.

The closing date for the receipt of proposals (RFP) will be 9:00 a.m., May 9th, 2014 and should be submitted to the attention of:

Miller County Ambulance District Attn: Kevin Johnson, District Administrator P.O. Box 227 Eldon, MO 65026

Alternatively, proposals can be sent by electronic format to:

kjohnson@millercountyambulance.org

Responses received after this time will not be accepted. Responses will be reviewed at the Miller County Ambulance District Board meeting scheduled in May, 2014.

Questions concerning the scope of work, response submittal, or process should be submitted in writing to the same.

Please note that this request for proposals will be provided to a number of EMS/Ambulance billing agencies and that the District reserves the right to select the proposal determined to be the most advantageous to the District at its sole discretion. The selection process will be factored around the cost of providing the requested services, however, lowest service cost is not the only factor that may be considered by the District. Miller County Ambulance District reserves the right to reject any or all proposals when deemed in the best interest of the District, request additional information and to negotiate on behalf of the District.

We look forward to your response and proposal.

Miller County Ambulance District Board of Directors

Table of Contents

- 1. Introduction
- 2. Proposal Timelines
- 3. Scope of Services
- 4. Proposal Instructions
- 5. Proposal Requirements
- 6. Contract Performance Standards
- 7. Selection Process
- 8. Appendix A
- 9. Appendix B
- 10. Appendix C

1. Introduction

Miller County Ambulance District, located in Central Missouri, responds to an average of 3,700 calls per year which includes a combination of EMS calls and contracted services for facility transfers with a local hospital. The District operates five ALS trucks from five bases throughout the county. Currently the District utilizes Zoll Rescuenet Tablet Software to capture patient care reports electronically in the field which are then synced with the local server to perform billing procedures in-house with Zoll RescueNet Billing Software. The District participates as both a Medicare and Medicaid provider and with the Emergency Medical Services Agent Corporation, (EMSAC) of Missouri as part of the Federal Reimbursement Allocation Initiative. The objective of this proposal is to develop and build a professional relationship with a qualified vendor to perform and maintain accounts receivable services that maximize ambulance service revenues using practices that ensure accurate and timely reporting to minimize interruptions in cash flow and maintain compliance to all laws and regulations that govern the process.

2. Proposal Timelines

Due Date of Request for Proposals: 05-09-2014

Award for RFP: Anticipated 05-15-14

Contract effective date: 07-01-14

Training, Testing, Implementation Process Begins: 06-01-14

3. Scope of Services

This section outlines the minimum contract requirements for billing, payment collection, financial reporting and analytical services. The District desires to pursue a working relationship to build an optimal revenue cycle with minimal interruption of cash flow. It is the intent of this District to develop a partnership that goes beyond preparing bills, but rather, develops an accounts receivable process WITH the Vendor that ensures the highest degree of integrity in the process that will assist management in decision making to improve District services and increase cash flow. The Vendor shall provide all services necessary to ensure the success of billing and payment collection for all ambulance services provided by the District. The Vendor shall be able to prepare invoices according to the rates established by the District, guidelines and procedures established by the Vendor and the District, and all applicable laws and regulations including those for Medicare and Medicaid services. All invoices shall be billed in compliance with the Fair Debt Collection Practices Act.

Vendor shall perform professional consultation at no additional cost to include; help with cost analysis, appropriate fees, and procedures that need to be adopted or changed by the District in order to be properly compliant with Medicare/Medicaid, necessary forms needed for certain procedures as well as possible contracts for other needed information, i.e.; Skilled Nursing Facilities, HIPAA regulations, Insurance Carriers contracts/negotiations, and relations between community and the District.

The minimal requirements are listed here, however, the District is open to alternatives to meet the requirements that may or may not be described below.

A. Transfer of Patient Data and Technology Requirements

- 1. The District places a high degree in the acceptance of this proposal on efficiency and availability of information. Accordingly, vendors that utilize processes that provide online access or portals for the availability of information and reports is highly desirable.
- 2. The Vendor shall receive patient data from the District through an electronic format generated from the Zoll Software. The successful Vendor shall receive files daily via a secured encryption system as approved by the District. It is the responsibility of the Vendor to modify its billing system, if necessary, to capture the necessary data generated from the Zoll reporting system. The District shall not be required to modify its system in order to satisfy the Vendor's requirements to provide the services outlined herein.
- 3. The Vendor will provide all software associated with the billing and collections process.
- 4. Provide software that can be used for billing and interface with the District's electronic patient care reporting software. Provide a file description detailing the billing extract information needed from the District.
- 5. Provide a system that will ensure complete and uninterrupted flow of service via backup systems and a Data Recovery Project Plan/System should a disaster occur and provide a copy of the plan for review by the District.
- 6. Retain records, according to an agreed upon record retention plan.
- 7. The Vendor should have the ability to utilize a secure FTP platform via VPN and/or FTP for billing extract file transfer. If the Vendor recommends an alternative method for file transfer, please provide a detailed description of the recommended process and confirm that the recommended transfer process is HIPPA compliant.
- 8. The Vendor should provide sufficient HIPPA compliance training to all employees dealing with applicable information.
- 9. The Vendor shall be prepared to accept the electronic billing file within 60 days following the award of the contract from the District.

B. Billing

- 1. Vendor shall prepare all necessary forms required for the billing process with Medicare (Form #855), Medicaid and all other applicable documents/filings at no additional cost to the District.
- 2. Services are to be performed by Certified Coders and Billers trained in ICD-10 Codes. Vendor shall ensure ongoing education and training of its personnel to comply with all applicable laws and regulations that govern the process now and beyond.
- 3. Retrieve the electronic billing file/patient data and other billing related information from the District using an electronic format that interfaces with the current Zoll Software and FTP secure server.
- 4. Vendor shall provide education and training to all District personnel on an initial and ongoing basis to ensure the success of the accounts receivable process. Training shall include documentation training and any other training necessary for implementation with office and field personnel and throughout the contract period. Education and training shall be included in the cost of services provided by the Vendor with any additional training costs separately stated.
- 5. Prepare invoices according to the rates established by the District, guidelines and procedures established by the Vendor and the District, and all applicable laws and regulations including those for Medicare and Medicaid services. Bill all transports according to applicable laws established by Medicare, Medicaid and other applicable agencies. Bill all invoices in compliance with the Fair Debt Collection Practices Act.
- 6. Electronic filing is the preferred method of filing invoices to appropriate parties, including insurance companies, Medicare and Medicaid if applicable. Other methods of filing such as HICFA 1500 forms are also acceptable for appropriate payers. The District shall approve all forms and correspondence.
- 7. Utilize all available resources and databases, to obtain billing insurance information on private pay patients.
- 8. The expectation of the District is that the initial invoices will be processed within two business days of the electronic posting of the billing file on the Vendors' secure server, according to the agreed upon process for various claim types.

B. Payment Processing

1. All payments for the District shall be made and delivered to the District. Alternative methods, such as a lockbox, will only be considered if they ensure the immediate availability of funds from an account owned by the District and additional costs/savings are clarified. District will prepare daily reconciliations of deposits and provide to the Vendor in an electronic format on a daily basis to ensure accurate balances.

- 2. Process all claims according to timelines defined by the District and the Vendor. The claims should be divided into four revenue categories: Medicare, Medicaid, Private Insurance, and Private Pay.
- 3. Categorize claims appropriately after receiving payment from the primary payer.
- 4. Process denials for Medicare and Medicare according to the timelines defined by the Vendor and the District.
- 5. Provide customer service to District and patients from 8:00 am to 5:00 pm Central Standard Time (CST), using a Vendor supplied phone number.
- 6. Process and verify all overpayments in a timely manner and present to District for a paper check payment of refund.
- 7. Vendor shall negotiate and administer payment plans, when necessary, in accordance with all applicable federal and state regulations upon approval by the District.
- 8. Establish internal controls to ensure that policies and procedures are being followed.

C. Reporting

Detailed below are reports required by the District to monitor the billing and collection process. The list is not all-inclusive and alternative reports and periods should be clearly stated.

Daily, monthly, and annual reports of the types noted below shall be provided to the Administrator or designees by the time period specified. Daily reports shall be available within three (3) business days and monthly reports should be available by fifteenth (15th) of the following month. Reports should be submitted electronically either via email or secure server. Reports should be provided in MS Excel and/or as PDF documents when requested.

Other reports may be requested on an as-needed basis. Reports may need to be modified periodically on specific issues or needs that arise. Please specify the process to add/change or delete specific reports.

- 1. Daily reports shall include the following:
 - A. A revenue report showing all transports billed. At a minimum, the report should include the date of service, incident number, patient name, origin, destination, procedure code, and gross charges.
 - B. A report showing transports that cannot be billed including the reason the transport cannot be billed.
 - C. A report showing the number and amount of claims filed with all insurances (including Medicare and Medicaid), including the confirmation information from Medicare or Medicaid acknowledging receipt of the claim.

D. A reconciliation report showing the amount of cash receipts posted and how the amount ties to the daily bank deposit. Provide an explanation of any cash that is unable to be posted and include the reason.

2. Monthly reports shall include the following:

- A. A monthly revenue report showing all transports billed. At a minimum, the report should include the date of service, incident number, patient name, origin, destination, procedure code, and gross charges.
- B. A monthly outstanding aged accounts receivable report sorted by payer including a total outstanding aged report. The Report should show four categories of outstanding accounts: 30, 60, 90, and more than 120 days outstanding. The report would also show the last date of activity on the account. The report should break down the categories into the current financial class of the account (where the next dollar payment is expected from).
- C. Monthly accounting period report for the cash collected each month reflecting gross charges, contractual allowances, fees withheld and net payments.
- D. Monthly listing of all refunds processed for the month.
- E. Monthly report of all accounts to be sent to the collection agency.
- F. Monthly report of all account denials broken down by payer and then by type of denial.
- G. A report of all claims denied by Medicare and Medicaid.
- H. Other reports on an as-needed basis that would be useful to the agency in monitoring and evaluating the District's EMS service and/or accounts receivable process.

D. Analytical Services

The Vendor will be expected to provide analysis and expertise in all issues related to ambulance billing. This includes analysis of trends and other pertinent issues that may develop. The Vendor will be expected to meet monthly by phone or in person with the District to review performance or issues. Also, at a minimum, a report reviewing the performance of the accounts receivable should be prepared, identifying among other issues; strengths, weaknesses, opportunities and threats of performance. Also, key issues that might arise in the future should be identified along with strategies to address the issues. This report should be prepared quarterly.

4. Proposal Instructions

Interested Vendors should submit proposals to the address below no later than 9:00 a.m. on May 9th, 2014. Late proposals will not be considered.

Miller County Ambulance District Attn: Kevin Johnson, Administrator P.O. Box 227 Eldon, MO 65026

Alternatively, proposals can be sent by electronic format to:

kjohnson@millercountyambulance.org

The District reserves the right to accept any proposal or reject any or all proposals as it deems appropriate and in the best interest of the District. The District is not bound to accept the least costly proposal, but reserves the right to accept the proposal which appears, in its judgment, to be the best suited to the interests of the District. The District reserves the right to negotiate with any vendor, including but not limited to terms, conditions, pricing, pricing structure, etc.

Questions concerning the scope of work, response submittal, or process should be submitted in writing to the same.

5. Proposal Requirements

The RFP should include a response to each of the following criteria. Please provide a table of contents in the format of the proposal requirements. Include examples of procedures, reports or other information where applicable.

Vendor must include a detailed description and anticipated timeline for the implementation of all necessary procedures to ensure the transition over from in-house to outsourced accounts receivable processes that ensure minimal interruption of processes and cash flow as well as detailed information on how current accounts and pending invoices and/or collections are addressed during the vendor transition.

A. A Letter of Interest including the name, address and any other pertinent information about the Vendor. The letter must be signed by an individual authorized to contractually bind the Vendor and include an expression of the Vendor's ability and desire to meet the requirements of the proposal. Identify whether or not your firm is a sole proprietorship, partnership, corporation, or another type of corporation and include the appropriate tax identification number on an executed IRS Form W-9. Provide all names, addresses, telephone numbers, fax numbers, and email addresses of authorized individuals. Include a description of the Vendor's background, its organizational structure, length of time in business, and experience in providing the type of services solicited herein.

- B. An organizational chart showing the line of communication and designating level of authority of all team members. Include in the chart the names, job titles, and office locations for staff to be assigned to this account.
- C. A description of the qualifications for all personnel who will be assigned to the contract and a list of current assignments including technical staff. Please indicate the percentage of time each individual may dedicate to the contract as well as the percentage of time dedicated to any

ongoing engagements. The Vendor shall indicate its approach to billing and collections management, including how it transitions staff when a staff member terminates employment. Also indicate how the District is notified of the transition and how the District would be assured of no interruption in cash flow during the process.

- D. Indicate the staff person that will be primarily responsible for the account. The expectation is that 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.
- E. A list of three client references with which you have had contracts within the past three years. Provide the designated person's name, title, organization, address, telephone number, and the relationship with the designated person.
- F. A complete list and brief description of each ambulance/EMS billing and collection service contract currently in progress or completed. Include the description of the services rendered, length of contract, annual number of claims, the amount of revenue billed, and the cash collection percentage of the revenue that was billed.
- G. A list of any pending or resolved lawsuits in which the Vendor was involved during the past five years. If the Vendor has not been involved in any lawsuits please indicate.
- H. Any potential conflict of interest due to any other clients, contracts, or property interest. Include a statement certifying that no member of your firm ownership, management, or staff has vested interest in any aspect or department of the District or with anyone who contracts with the District.
- I. Disclose any relevant information that the Vendor believes demonstrates its qualifications for the project and/or distinguishes the Vendor's proposal from other proposals.
- J. Discuss the extent of knowledge of Medicare/Medicaid policies and procedures as related to patient billing, reimbursement, assignment of claims, itemized claims processing, duplicate payment processing and patient refunds.
- K. Discuss the importance of complying with Medicare/Medicaid policies, procedures, and directives. Include a listing of past/present penalties/findings (if any) and their resolution. If the Vendor has no penalties/findings please indicate.
- L. Describe and discuss the Vendor's compliance program and how the program meets or exceeds the requirements of CMS and HIPAA. Provide a copy of the Vendor's compliance programs both for CMS and HIPAA.
- M. Indicate whether or not your organization has had a contract terminated in the last five years, and describe the nature and circumstances. Termination for default is defined as notice to stop

performance due to the vendor's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the vendor, or (b) litigated, and such litigation determined that the vendor was in default.

- N. Provide a copy of any SAS 70 Service Auditor's report done within the last three years. If no SAS 70 report has been performed please specify.
- O. Provide a statement of your firm's ability to meet the insurance requirements as outlines in Appendix A.
- P. Describe how the account will be handled should the account be terminated for any reason.
- Q. Describe any services provided by the Vendor that are not covered by the RFP, but would assist the District in enhancing its collections. Include examples of these services.
- R. Please respond to each item as outlined in the Scope of Services, section 3.
- S. District desires to participate with a collection agency to pursue accounts not collected during the initial process. This includes participation with the collection agency as well as other alternatives for debt collection. Describe the collection agency process and other alternatives the Vendor has to assist with collection of accounts. This service may be priced out separately from the other services in the RFP.
- T. Please state the minimum contract period length proposed in years.
- U. Review Appendix C, (Other Acknowledgements and Agreements), sign, date and return with your proposal.

If the Vendor proposes to address a requirement in a manner different from the RFP, the Vendor shall provide an explanation of how that requirement will be met and demonstrate that the alternative is equal to or preferable to the requirement in the RFP in a clear and concise manner.

Before submitting a proposal, each Vendor must make a careful study of these specifications, and fully assure itself of the quality of the service required. The consistent quality of the service provided is of profound importance to the District's ongoing commitment to achieve fiscal objectives and maintain superior levels of customer service and satisfaction.

The cost proposal shall be submitted using the form in Attachment B. Include all services and their associated fees. The proposal shall itemize all services including, if relevant, hourly rates for all professional, technical and support personnel, and other charges related to the completion of the work or training. The proposal shall separately describe costs associated with both billing and collection agency services if applicable.

The proposal should be complete and require no further explanation.

No contract will be awarded except to responsible organizations capable of providing the services outlined and achieving the identified expected results. Before the award of the contract the Vendor may be required to demonstrate any and/or all aspects of the Scope of Services.

6. Contract Performance Standards

It is the District's expectation that the contract between the Vendor and the District will be a performance-based contract. During contract negotiations, the District will work with the Vendor to establish these standards.

7. Selection Process

Proposals will be evaluated based on the responses for item 5 above. In addition, the following criteria will be considered: Total Cost to District, Experience and Reputation and Technical Expertise and Innovation. During the evaluation period, the District, at its discretion, may request demonstrations of the Vendor's ability to meet the requirements listed in the Scope of Services.

These criteria are to be utilized in the evaluation of qualifications for development of the short list of those Vendors to be considered for interviews and/or potential negotiations. Information and/or other factors gathered during interviews, negotiations, or any reference checks, in addition to the evaluation stated in the RFP, shall be utilized in the final award decision. References may or may not be reviewed or contacted at the discretion of the District. The District reserves the right to contact references other than, and/or in addition to, those furnished by a Vendor.

Insurance Requirements

Appendix A

The Vendor or independent contractor shall obtain, at its sole expense, all insurance as required in the following paragraphs and shall not commence work until such coverage is in force and certification is received by the District.

The insurance coverage below is recommended for each contract. However, the District has identified contract types requiring other insurance coverage which are listed in this section. Other insurance may be required based on the exposure of specific contracts.

Professional Liability Insurance, in limits of no less than \$2,000,000 per occurrence.

Commercial General Liability insurance for a combined Single Limits of no less than \$2,000,000 each occurrence and \$3,000,000 aggregate. This insurance should include the Comprehensive Broad Form endorsement including contractual liability, completed Operations/Products.

The Contractor shall maintain all employee related insurance, in the statutory amounts, such as unemployment compensation, worker's compensation, and employer's liability, for its employees or volunteers involved in performing services pursuant to this Contract. Vendor shall also maintain "all risk" property insurance at replacement cost applicable to Vendor's property or its equipment.

All insurance companies must be licensed in the appropriate state and be acceptable to the District and have a Best's Insurance rating of A- or better.

Insurance policies, except Workers Compensation and Professional Liability, shall be endorsed to show the District as additional insure, as their interest may appear, and to amend cancellation notice to thirty days, pursuant to law.

Certificates of Insurance shall be signed by a licensed agency and be amended to show Thirty days' notice of change or cancellation and will be given to the District by certified mail.

If an "Accord" Insurance Certificate is used, the words "endeavor to" and "but failure to mail such notice shall impose no obligation of any kind upon the company" in the "cancellation" paragraph of the form shall be deleted.

If the Vendor or Independent Contractor does not meet the insurance requirements of the specifications, alternate insurance coverage satisfactory to the District may be considered.

Acceptance of a particular insurance provider for the Vendor by the District shall be at the sole discretion of the District. If the District does not accept a Vendor's insurance provider for reasons other than not meeting the requirements previously stated in Appendix A, the Vendor will be allowed 7 days from the date notified in writing to submit an acceptable substitute.

Pricing Information

Appendix B

The District desires an incentive-based or a percentage based compensation plan to align with goals set forth by both the District and the Vendor. Please fill in the appropriate boxes below. The Vendor may provide any innovative fee structures currently in use with other clients for consideration.

Contract Length
Pricing Options:
Option #1
Billing/Collections/Reporting and Analytical Services (Including Collection Agency Activity)
% of cash collections
Collection Agency cost (Optional)
Other costs
Option #2
Billing/Collections/Reporting and Analytical Services Only (No Collection Agency Activity)
% of cash collections
Other costs
Alternative Option for Either
Conversion of existing accounts to the proposed Vendor's software and processing
Per transport cost
% of cash collectionsthis includes complete management of the billing process from patient transport to account closure.

Other Acknowledgements and Agreements

Appendix C

Contract Period and Effective Date

The initial Contract term shall commence upon final execution of the contract by the District and shall expire upon an agreed upon date and be continued from year to year upon approval of the Board of Directors. Contract period shall comply with any/and all laws that govern the District.

Contract Cancellation

Either party may terminate the Contract for any reason prior to the expiration date by delivering written notice thereof to the other party at least 90 days in advance.

Compliance

The Vendor hereby agrees to abide with all applicable federal and state laws and regulations.

Anti-Collusion

The submission of a proposal constitutes agreement that the Vendor has not divulged its proposal to, or colluded with, any other offer or party to a proposal whatsoever.

General Conditions:

The awarded contractor will be expected to enter into an agreement with the District consistent with the following conditions.

Indemnification

The Vendor shall hold harmless, defend and indemnify the District and its officers, employees, and agents from and against any and all claims, losses, causes of action, judgments, damages and expenses including, but not limited to attorney's fees because of bodily injury, sickness, disease or death, or injury to or destruction of tangible property or any other injury or damage resulting from or arising out of (a) performance or breach of the Contract by Vendor, or (b) any act, error, or omission on the part of the Vendor, or its agents, employees, or subcontractors except where such claims, losses, causes of action, judgments, damages and expenses result solely from the negligent acts or omissions or willful misconduct of the District, its officers, employees or agents.

Record Keeping and Audit Rights

The Vendor shall be responsible to maintain accurate accounting records for all services provided herein, and shall retain all such records for a period of time as required by law or three (3) years following termination of the Contract, whichever is longer. Upon reasonable notice and during normal business hours the District, or any of its duly authorized representatives, shall have access to and the right to audit any records or other documents pertaining to the Contract.

The District's audit rights shall extend throughout the term of the Contract and for a period of at least three (3) years thereafter.

Management Reports

Upon request the Contractor shall summarize and concisely report pertinent information to the District in a timely manner, throughout the duration of any Contract resulting from this RFP.

Ownership of Work

The District shall have full ownership and the right to copyright, otherwise limit, reproduce, modify, sell, or use all of the work or product produced under this contract without payment of any royalties or fees to the Vendor.

Further Agreements

In addition to a proposal, the District may from time to time require the Vendor to execute certain additional documents or agreements, including without limitation a Contract, for the purpose of clarifying the intention of the parties with respect to providing the services hereunder.

Relationship of the Parties

In assuming and performing the obligations of any Contract, the District and any Vendor shall each be acting as independent parties and neither shall be considered an employee of the other. Additionally, neither shall represent itself as a joint venture or partners other than as authorized by a written agreement or contract.

Equal Opportunity

No Contractor of services under this RFP shall discriminate against any employee, applicant for employment, or recipient of services on the basis of veteran status, race, religion, color, sex, sexual orientation, age, disability, or national origin.

Taxes: Vendor's Responsibility

Vendor shall be responsible for and pay all taxes which may be levied or incurred against the Vendor in connection with the performance of any services under this Contract, including taxes levied or incurred against the Vendor's income, property, sales, or other taxes.

X Signature of Authorized Representative	Date	