

## REQUEST FOR PROPOSALS

Somerset-Pulaski County EMS(SPCEMS) and the City of Somerset are requesting proposals from qualified companies to perform EMS Medical Billing and Collections Services. A complete Request for Proposals package can be obtained by contacting Chief Steve Eubank at SPCEMS 301 Hail Knob Rd. Somerset, KY 42503 or seubank@cityofsomerset.com. Proposals must be received by 4:00pm on March 5, 2020 and should be addressed as follows:

City of Somerset  
Attn: Nick Bradley, City Clerk  
EMS Medical Billing Proposal  
306 E. Mt. Vernon Street  
Somerset, KY 42501

Somerset-Pulaski County EMS and the City of Somerset reserves the right to reject any or all proposals.

# EMS Billing Services Request for Proposal

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## A. INTRODUCTION

Somerset-Pulaski County EMS(SPCEMS) and the City of Somerset, is requesting proposals from qualified companies interested in performing EMS Medical Billing and Collections Services. There is no expressed or implied obligation for SPCEMS to reimburse responding firms for any expenses incurred in preparing proposals in response to this request.

During the evaluation process, SPCEMS also reserves the right, where it may serve its best interest, to request additional information or clarification from proposers or to allow corrections of errors or omissions. At the discretion of SPCEMS, companies submitting proposals may be requested to make oral presentations as part of the evaluation process.

SPCEMS reserves the right to retain all proposals submitted and to use any idea(s) in a proposal regardless of whether that proposal is selected. Submission of a proposal indicates acceptance by the company of the conditions contained in this Request for Proposal, unless clearly and specifically noted in the proposal submitted and confirmed in the contract between SPCEMS and the company selected.

## B. DESCRIPTION OF COUNTY EMS SERVICES

1. *SPCEMS was founded in 1983 to serve the citizens of Pulaski County with prehospital medical care and transportation. We currently provide ALS 911 coverage to all of Pulaski and a section of Wayne County, KY. We also provide BLS non-emergency transport for our county. Pulaski County has a population of 65,000, this number swells during the summer months as tourist flock to the beautiful shores of Lake Cumberland. The county is the third largest in the state by land mass. We are served by three public high schools and one community college. Large variety with employment as the county is home to factories, technology centers as well as a large agricultural base.*
2. *List the goals with this RFP.*
  - a. *Medical billing of ambulance runs in a compliant manner.*
3. *Area served by SPCEMS: Pulaski County, KY 658 sq. miles, a land locked portion of Wayne County, KY approx. 14sq. miles. Our only hospital is Lake Cumberland Regional Hospital. We provided ALS and BLS transports from our primary hospital to hospitals with specialty care.*
  - *Our Current Rates:*
  - *BLS Non-Emergency \$550*
  - *BLS Emergency \$600*
  - *ALS1 Non-Emergency \$600*
  - *ALS1 Emergency \$750*
  - *ALS2 Emergency \$800*
  - *Specialty Care \$900*
  - *Mileage \$14*
4. *We currently use EMS Charts for our EPCR, we have considered changing software.*
5. *Our call info CY 2018*

Overall Number of Billable Transports/Year	_____10,651_____
# BLS Emergency	_____1,473_____
# BLS Non-Emergency	_____2,608_____
# ALS Emergency	_____5,362_____
# ALS Non-Emergency	_____106_____
# ALS2	_____86_____
#SCT	_____N/A_____
# Wheelchair Van Transports	_____0_____
# Treat No Transport (TNT)	_____1,016_____

• Transports	Gross Charges	Net Charges	Net Collections
• Medicare	3,520,445.33	2,077,632.72	1,442,812.62
• Medicaid	1,959,653.11	1,669,345.42	290,307.69
• Commercial	1,174,693.37	168,292.19	1,006,401.18
• Self Pay	414,155.89	13,572.04	400,583.85
• TOTAL	7,068,947.70	3,928,842.37	3,140,105.33

## C. RESPONSE CONTENTS

Format your response according to the following sections:

### 1. Transmittal Letter

Provide a one-page letter stating the company's legal name and its ability to perform the scope of work as described in this RFP. Include phone and email contact information for your primary point of contact throughout the proposal evaluation process.

### 2. Signed Forms

Include the following executed forms in this section:

- *List forms and whether they should be completed, signed, and/or notarized (or all three)*

### 3. Executive Summary

This section should summarize the functional and cost benefits your company will deliver. Further, provide a summary of how your proposal meets SPCEMS goals (see Section B.2) with this project.

#### 4. Company Overview

In this section, tell us about your company and provide the following:

- How long has the company provided EMS billing services?
  - Explain your company's history including how long you have worked under the current name.
  - If you provide other services, what percentage of your revenue comes from EMS billing?
- Where are you located and which office(s) will serve SPCEMS?
  - Describe where billing, account service, training, meetings and patient service will occur.
- How many of your employees are dedicated to EMS billing?
  - Describe any special training or certification programs provided by the company for your billing services employees.
- Does your company have a history of compliant billing?
  - Describe the resources dedicated to providing compliant billing for SPCEMS.
  - Provide details for any legal and/or compliance issues your company has had in the last 10 years.
  - Confirm employees assigned to SPCEMS accounts are not present on any federal exclusion list.

#### 5. Experience

This section should demonstrate your company's direct experience providing the EMS billing services sought by SPCEMS. Please provide the following:

- How many customers does your company serve?
  - Tell us about your customers that are County or City Government-based services, operate in Kentucky and/or transport around 12,000 patients annually.
- How many of your customers are successfully feeding electronic patient care reports into your billing system from EMS Charts?
- Provide four (4) customers that are similar in size and scope to SPCEMS for us to contact as references for your company.

For each reference, include the following:

- Contact name and title
  - Phone number
  - Email address
  - Physical address
  - Customer website
- Attributes
  - Annual transport volume
  - Type of service (i.e. County-based, fire department, hospital-based, etc.)
  - Using EMS Charts ePCR software?
- Relationship
  - Length of relationship

- Describe your relationship including training, meeting frequency and any accomplishments you've achieved together

## 6. Approach to the Scope of Work

This section should provide a comprehensive description of your billing services in the following areas:

### *Proposed Billing System*

Describe the billing technology your company will use to bill for SPCEMS transports.

- How long has your company used the system?
- How do you ensure that the system is up-to-date and available 99.9% of the time?
- Describe how you ensure that records are secure and replicated if a disaster were to occur.
- Do other companies use this software or are you the only one?
- If your billing software was developed in-house, describe the percentage of your company resources dedicated to the developing, maintaining and updating the software versus billing services.
- Describe what services you provide with enrollment to Medicare, Medicaid etc.
- Describe how you will deal with facility contract non-payment or discrepancies.

### *Billing Process Overview*

Provide a brief written overview of your company's billing process and include with a chart showing the flow of a transport as it moves through the revenue cycle.

For the team you expect to devote to billing for our account, indicate the percentage of resources assigned to each part of the process (for example: 33.3% to Pre-Billing functions, 33.3% to Billing and 33.3% to Billing Follow-up).

### *Pre-Billing Process*

- Explain how you will import electronic PCRs and the frequency of the import.
- How will attachments and PCR updates be incorporated into the patient account once in the billing system?
- What is your process for reconciling the number of transports sent by SPCEMS with those received by the company?
- Are your coding staff certified by the National Academy of Ambulance Coding (NAAC)?
- Describe what is reviewed on the PCR during coding process.
- Explain your process for each of the following:
  - Verifying transport signatures
  - Verifying patient information
  - Verifying patient insurance

### *Billing Process*

- What is your typical time-to-bill from the time the PCR is sent?
- Explain how your system is equipped to accurately submit claims to payors.
- How does your company ensure that claims are filed in a timely manner?
- How often are invoices sent to patients when the account is categorized as self-pay?
- Please include samples of the letters that would be sent to patients as an attachment.
- Describe your process for receiving and posting payments to the appropriate patient account. Include details for handling electronic payments and live-checks.

### *Billing Follow-up Process*

- Explain how you approach follow-up on open accounts.
- How do you ensure that payor follow-up on denials and appeals is performed within required time limits?
- How are refunds handled?
- Can your system manage individual payment plans for self-pay accounts? How do you ensure that these accounts are kept current until resolved?
- Can you send uncollectible accounts electronically to our billing, when appropriate?

## 7. Implementation and Training

This section should describe your approach to transitioning SPCEMS billing operations to your company.

- Describe the steps necessary for your company to begin billing within 90 days of contract award.
  - For each step, detail the resources SPCEMS will need to provide for a successful implementation.
- What assistance do you provide for credentialing?
- What type of initial training do you provide? Describe how and it's provided and what the training entails.
- Do you provide additional training for your customers?

## 8. Service Plan

In this section, tell us about your plan for providing service in each of the following areas:

- What access will our office staff have to patient account information. I.e. when dealing with inquiries, patient requesting EOBs at our office.
- Customer Service
  - Describe your approach to providing excellent customer service.
  - Identify the actual people that will be assigned to SPCEMS account and provide a brief bio and contact information for each.
    - Contact person for the proposal and contracting process
    - Implementation contact
    - Training contact



- Billing team contact(s)
  - Reporting contact
- Describe how performance is monitored and reported throughout your contract period.
- Provide details about your reporting capabilities and include sample reports in the attachments section.
- Patient Service
  - Describe how your staff will handle patient inquiries.
  - How can our patients pay their bill (i.e. check, e-check, credit card, at our offices, etc.)?
  - How do you handle calls from patients that don't speak English well?

## 9. Cost Proposal and Projections

Provide your cost proposal and projected performance improvements in this section.

- Provide an all-inclusive cost proposal for the services described in this proposal. The fee should be a percentage of net collections.
- Itemize any additional costs:
  - Is reporting included?
  - Are custom and adhoc reports included at no extra cost?
  - Is training included?
  - Are additional classes offered at additional cost?
- Describe the factors you considered to develop the cost proposal.
- Provide the resulting Revenue Per Transport you expect to achieve if we use your services.
  - Explain how you arrived at this number, including all assumptions used (i.e. write-offs, demographics, payor levels, etc.).

## 10. Attachments

- Sample Reports
- Sample Patient Letters
- Standard Contract for County's review

## D. PROPOSAL TIMELINE

To be considered, **four (4) hard copies and one PDF copy of a proposal** must be received by Nick Bradley, City Clerk, at 306 E. Mt. Vernon Street Somerset, KY 42501, by **4:00 p.m.** on March 5, 2020. SPCEMS reserves the right to reject any or all proposals submitted.

Questions about this Request for Proposal (RFP) or the process may only be directed Chief Steve Eubank at 606-679-6388 or via email at [seubank@cityofsomerset.com](mailto:seubank@cityofsomerset.com).

It is anticipated that the selection of a company will be made quickly after reviewing the submitted proposals. Following the notification of the selected firm, a contract will be prepared by the selected firm for review and approval by SPCEMS and the City Attorney. SPCEMS and the City of Somerset reserves the right to reject any or all proposals, to waive any non-material irregularities or information in any proposal, and to accept or reject any items or combination of items.

## E. FORMS

- List of forms